



COUNTY BOROUGH OF DEWSBURY

ANNUAL REPORT

OF THE

PUBLIC HEALTH SERVICE

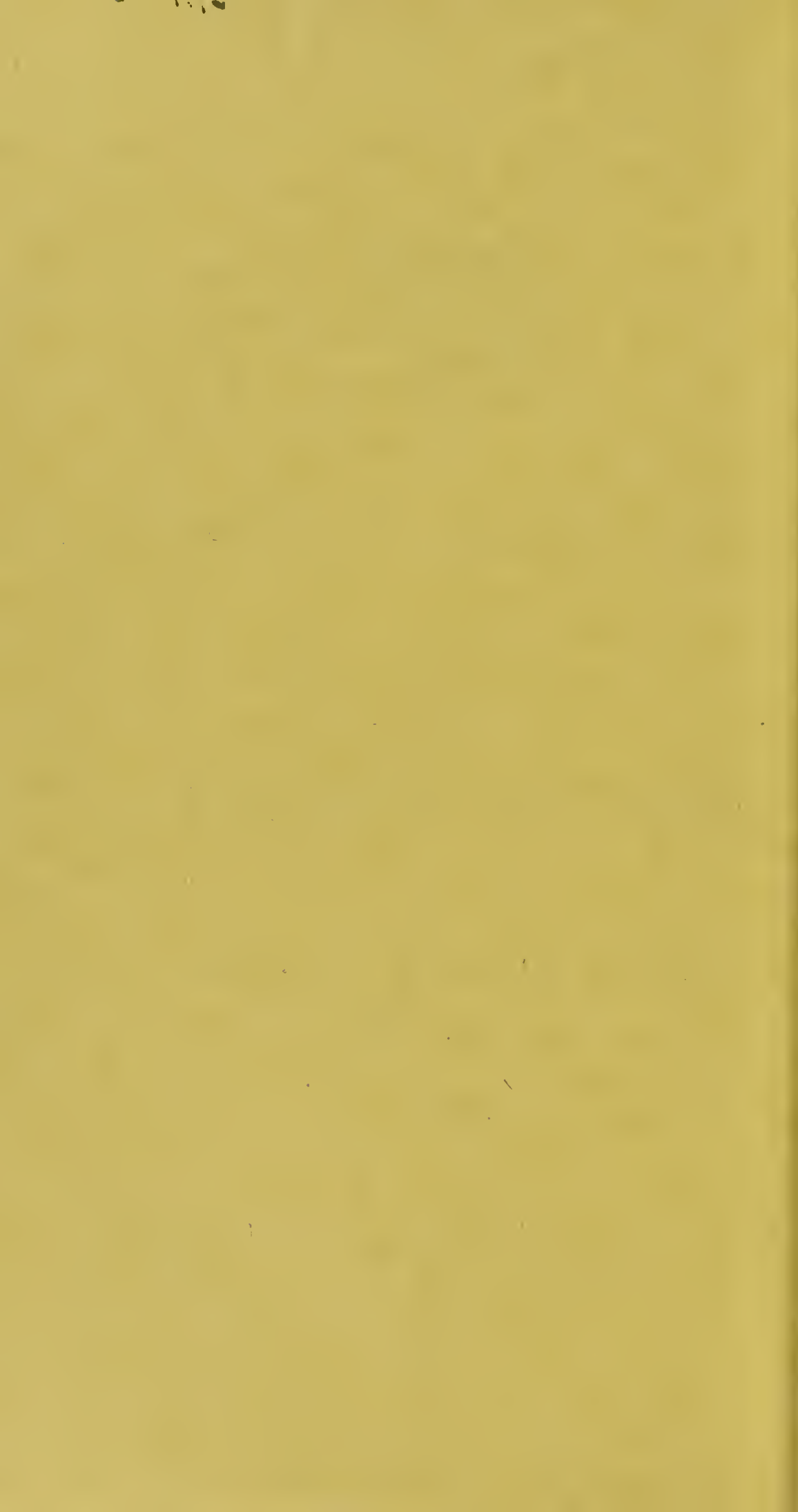
FOR THE YEAR

1952

BY

The Medical Officer of Health

(T. W. ROBSON, M.B., Ch.B., D.P.H.)





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HEALTH COMMITTEE.

(as at 31st December, 1952).

Chairman—Alderman A. SUGDEN, J.P.

Vice-Chairman—Councillor J. HARTLEY.

The Mayor (Councillor R. S. Roberts, J.P.) (*ex-officio*).

Alderman T. LEE, J.P.

Councillor H. ASHBY

Alderman M. SCARGILL

Councillor A. AUTY

Councillor R. W. BLAKEY

Councillor A. RAMSDEN

Councillor F. W. CRAVEN

HOUSING AND TOWN PLANNING COMMITTEE.

(as at 31st December, 1952).

Chairman—Councillor W. H. HOOPER, J.P.

Vice-Chairman—Councillor C. W. BOOTHROYD

The Mayor (Councillor R. S. Roberts, J.P.) (*ex-officio*)

Alderman F. W. TONG

Councillor A. RAMSDEN

Councillor J. HARTLEY

Councillor R. MYERS

Councillor V. S. LYLES

Councillor F. W. THOMPSON

Councillor F. FOX

STAFF OF THE HEALTH DEPARTMENT, 1952.

Medical Officer of Health—

T. W. ROBSON, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health—

M. FAROOQ, B.Sc., M.B.B.S. (Bombay), M.R.C.S., L.R.C.P., D.P.H., D.T.M.

Assistant Medical Officers of Health—

†MARY DOREEN FOX, M.B., Ch.B.

NORAH A. HODGKINSON, M.R.C.S., L.R.C.P.

Consultant Orthopaedic Surgeon

†J. M. FITTON, F.R.C.S.

Consultant Ophthalmic Surgeon—

†E. S. TAN, M.B., Ch.B., D.O.M.S.

Senior Dental Officer—

J. R. TUXFORD, L.D.S.

Dental Officers—

*B. FRANCIS, L.D.S. (from 12/5/52).

*W. A. OLDROYD, L.D.S. (from 12/5/52).

†Dr. Fox is an officer of the Hospital Management Committee : 49% of her salary is paid by the corporation on account of her work in the corporation maternity clinics.

†With permission of the Leeds Regional Hospital Board.

*Part-time

Chief Sanitary Inspector—

H. HAWORTH, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins., Cert. Sanitary Sciencee.

Deputy Chief Sanitary Inspector—

W. GILCHRIST, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins., D.P.A.

District Sanitary Inspectors—

W. F. WELLER, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins., Cert. Smoke Ins.

D. H. BRADBURY, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins.

C. KELLY, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins. (Resigned 31/12/52).

C. PARKER, Cert. S.I.J.B., Cert. Meat Ins.

Superintendent Nursing Officer—

I. ALDERSON, S.R.N., S.R.F.N., S.C.M., H.V. (from 21/1/52).

Eightlands Day Nursery—

Matron—J. MARTIN, N.S.C.N.

Ravensthorpe Day Nursery—

Matron—C. WHITEFORD, S.R.F.N.

Health Visitors—

K. MAHON, S.R.N., S.C.M., Health Visitor's Certificate.

D. J. LAWLOR, S.R.N., S.C.M., Approved Health Visitor.

(Resigned 7/9/52).

C. PETRIE, S.R.N., S.C.M., Health Visitor's Certificate.

(Resigned 30/6/52).

K. M. WALSH, S.R.N., S.C.M., Health Visitor's Certificate.

C. BALMFORTH, S.R.N., S.C.M., Health Visitor's Certificate

J. BURTON, S.R.N., S.C.M., Health Visitor's Certificate

B. HOLLIDAY, S.R.N., S.C.M., Health Visitor's Certificate

Temporary Health Nurses—

*N. DORAN, S.R.N., S.R.F.N., S.C.M., Approved Health Visitor.

Physiotherapist—

*B. E. NAYLOR, M.C.S.P.

District Nurses—Home Nursing Service—

Mr. E. HUMPHRIES, S.R.N., Q.I.D.N.

Mr. N. WRAITHMELL, S.R.N.

J. WISEMAN, S.R.N., Q.I.D.N. (Resigned 18/5/52).

E. QUAYLE, S.R.N.

L. GATES, S.R.N.

S. J. ARMITAGE, S.E.A.N. (from 14/11/52).

*D. BLACKBURN, S.R.N.

*J. M. READ, S.R.N. (Resigned 23/5/52).

*C. D. SMITH, S.E.A.N.

*R. M. GLOVER, S.E.A.N.

*M. WOOD, S.E.A.N. (Resigned 12/9/52).

*W. THORNTON, S.R.N., Q.I.D.N. (from 13/10/52).

*Part-time.

Non-Medical Supervisor of Midwives—

M. CORRIN, S.R.N., S.C.M., M.T.D., (Matron, Moorlands Maternity Home)

Municipal Midwives—

N. CROFT, S.R.N., S.C.M.

M. HAMMERTON, S.C.M.

E. H. SPENCER, S.C.M. (Resigned 31/1/52).

F. K. WAIN, S.R.N., S.C.M.

M. McCONNELL, S.R.N., S.C.M. (From 9/5/52).

Tuberculosis Care and After Care Visitor—

F. GLOAG, S.R.N., T.A. Cert.

V.D. Social Worker—

*G. E. DAVIE, S.R.N., S.C.M., Health Visitor's Certificate.

Authorised Officers and Mental Deficiency Visitors—

*H. ROBERTS.

*H. A. WILMAN.

*N. DORAN, S.R.N., S.R.F.N., S.C.M.

Mental Health Worker—

K. CHAFFER.

Borough Analyst—

*F. W. M. JAFFE, B.SC., F.I.C.

Chief Clerk—

E. AUTY, C.R.S.I.

Clerical Staff—

H. TRANMER, D.P.A.

W. FIRTH.

Miss D. NODDINGS.

Mrs. E. SMALLWOOD.

Miss M. PARKER.

Mrs. D. MIDGELEY.

Miss D. TRAVIS (Resigned 18/7/52).

Miss P. HEALEY

Miss B. THOMPSON (From 23/7/52).

Miss A. M. HIRST (From 28/7/52).

A. CLOUGH

Miss J. ARCHER.

Miss S. LEDGARD.

*Part-time.

ANNUAL REPORT, 1952.

HEALTH DEPARTMENT,

DEWSBURY,

1st June, 1953.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, MRS. FIELD AND GENTLEMEN,

I have the honour to present the Annual Report on the health services for Dewsbury for the year 1952.

The Registrar General estimated the civilian population of the town at mid-1952 at 52,910, a decrease of 80 on the corresponding figure for 1951. The natural increase in the population of Dewsbury (that is the excess of live births over deaths) during the year was 170.

Live births registered were 897 composing 470 males and 427 females. Of this number 46 or 5.1%, were illegitimate as compared with 57 or 6% in 1951. The birth rate for the year was 16.95 as compared with 17.93 for the previous year. The corrected live birth rate was 17.63 and the national figure was 15.3.

The Still-Birth Rate was 29.22 per 1,000 total births a considerable increase on the previous year's figure of 19.61.

The death rate of 13.74 per 1 000 population was above the national rate of 11.3 but a decrease on the town's 1951 death rate of 14.44. The heaviest mortality was caused by the group including heart disease and other diseases of the circulatory system, which accounted for 257 deaths or 35.3% of the total of 727 deaths from all causes, and a death rate of 4.85 per 1,000 persons living. Cancer (all forms) was responsible for 116 deaths and a death rate of 2.19 per 1,000 persons living and causing 15.9% of the deaths from all causes. Tuberculosis of the respiratory system was the cause of 12 deaths, giving a death rate of 0.23 per 1,000 living as against 0.32 in 1951. For the second year in succession there were no maternal deaths.

Out of a total of 727 deaths, 486, *i.e.*, 66.8% were in persons over 65 years of age, and 168, *i.e.*, 23.1% were in persons between 45-65 years of age. It will thus be seen that 89.9% of all deaths were in persons over 45 years of age.

The Infant Death Rate, *i.e.*, the number of deaths of children under 1 year per 1,000 live births was 32.33. The national figure was 27.6 and that of the 160 County Boroughs and Great Towns (including London) was 31.2.

The number of cases of infectious diseases (other than tuberculosis) which occurred in Dewsbury during 1952 was 785 as against 1,055 in 1951. Of this total approximately 63% were measles, 18% whooping cough, 9% scarlet fever, 4% dysentery and 3% pneumonia. There were no cases of diphtheria.

Full information regarding the various services appear in the respective sections, and in particular, following this introduction there is a "Special Survey of Local Health Services provided under the National Health Service Acts." This survey contains an account of the Services existing at the end of 1952 and also a general review of their working as part of the wider National Health Service and the steps taken locally to link with other parts of the National Service. The Minister of Health specifically requested that this survey be published in the Annual Report of the Medical Officer of Health.

May I take this opportunity to tender to the Chairman and Members of the Health Committee my sincere appreciation of the generous help and support so freely given.

I also wish to thank the Town Clerk and other officers of the Council for their valuable co-operation and help, and lastly and by no means the least, my own staff, professional and clerical, for their splendid work throughout the year.

I am,

Your obedient Servant,

T. W. ROBSON,

Medical Officer of Health.

**SPECIAL SURVEY OF LOCAL HEALTH
SERVICES PROVIDED UNDER THE
NATIONAL HEALTH SERVICE ACTS**

GENERAL.

1. Administration.

The Health Committee is responsible for the execution of the provisions of the National Health Service Acts, 1946 and 1949, relating to the functions of a Local Health Authority.

Matters appertaining to Mental Health under Sections 28 and 51 of the National Health Service Act are executed by the Mental Health Sub-Committee of the Health Committee.

The members of both committees are elected members of the Council and there are no co-opted members.

The Medical Officer of Health who is also School Medical Officer, is responsible to these committees for the control, supervision and co-ordination of the local health services, at officer level.

The Corporation have carried out their duties as a local health authority in accordance with Part III of the National Health Service Act 1946, without the use of joint arrangements with other local health authorities, except in the provision of a V.D. Social Worker.

This is a joint appointment with the West Riding County Council, costs being apportioned on the basis of the number of cases, from each area, dealt with at the Special Treatment Centre at Dewsbury General Hospital, upon which the V.D. Social Worker is based.

2. Co-ordination and co-operation with other parts of the National Health Service.

Co-ordination and co-operation between local Health Services and Hospital and Specialist Services and the General Practitioner Services are effected in the following ways :—

A. Locally.

1. Certain members of the Health Committee are members of the Local Hospital Management Committee and the Local Executive Council. The advantage derived from this arrangement is that such members are conversant with all three branches of the National Health Service and can thus help to mould them into an integrated comprehensive service.

2. The Medical Officer of Health is a member of the Local Medical Committee, the Local Executive Council, the Medical Advisory Committee and No. 1 House Committee, the latter two committees being in effect sub-committees of the Local Hospital Management Committee. As a result this officer is in close contact with the Hospital Authorities and Consultants and with the General Practitioners. Such personal liaison enables problems affecting all three branches of the service to be discussed freely and mutual decisions made. In addition the Medical Officer of Health frequently asks for and receives help and co-operation from the other branches of the service in his work of prevention of illness and disease.

B. Regionally.

1. Leeds Regional Hospital Board and Local Authorities Liaison Committee (membership of which consists of four members of the Regional Hospital Board, two representatives of each of the three County Councils, one representative of each of the eight County Boroughs and one representative of the Board of Governors of the United Leeds Hospitals).

The Committee meet at quarterly intervals and its terms of reference are generally to consider and advise the Regional Hospital Board and the Local Health Authorities in the Region on matters of mutual interest and to consider and report to the constituent authorities upon such matters as may be referred to the Committee by those authorities. The Committee has power to consult with Executive Councils or other bodies at any time as may be required.

2. Medical Officers of Health and Leeds Regional Hospital Board Liaison Committee. This meeting is attended monthly by all Medical Officers of Health of Local Health Authorities in the region, the Senior Administrative Medical Officer of the Regional Hospital Board, and a Medical Officer of the Ministry of Health. The function of this committee is in brief to discuss at officer level all matters of detailed administration affecting the Medical Officers of Health and the Medical Officers of the Regional Hospital Board. This committee also acts as an Advisory Committee to the Local Authorities Liaison Committee.

Ways in which Medical Officers, Health Visitors, Midwives and Nurses employed by the Local Health Services are co-operating in the care of patients under treatment are illustrated in various items under the heading "Particular Services."

A Guide to the Local Health Services was issued in 1948 and a copy is enclosed. It was proposed during the past year that this should be revised but the proposal was not accepted by the Health Committee on the grounds that the public at large and the General Practitioners were now well versed in their knowledge of the facilities made available by the Local Health Authority.

In general it can be said that between the Local Health Authority, the General Practitioners and the Hospitals there exists a happy relationship which augurs well for the functioning of the different branches of the National Health Service as a comprehensive whole. In the meantime it is felt that the number of existing committees are quite sufficient to ensure the necessary effective co-operation and that this co-operation is best achieved through the personal and intimate local contact which is possible on such committees.

3. Joint use of Staff.

No doctor in general practice works for the authority on a part-time or sessional basis. The Medical Officer who is in charge of the Authority's ante-natal and post-natal clinics is an officer of the Regional Hospital Board and is employed as Resident Medical Officer at Moorlands Maternity Home. The Corporation reimburse 49% of this officer's salary to the Regional Hospital Board for her services. The Consultant Obstetrician and Gynaecologist attends by permission of the Regional Hospital Board at consultant ante-natal clinics in order to give advice and attention to those patients for whom it is required. No payment is made by the Authority for this officer's services.

The Regional Hospital Board also permit the orthopaedic and ophthalmic consultants to work on Local Authority premises for the purpose of treating and advising pre-school children referred from Maternity and Child Welfare Clinics. No payment is made for these services.

The Chest Physician carries out preventive and care work for the local health authority, and it is presumed that the Regional Hospital Board will be reimbursed for this part of his work, but the exact proportion of his salary is not yet determined.

The Mental Health Worker attends for one session per week at the Psychiatric Out-patient Clinic at the Dewsbury General Hospital to assist the Consultant Psychiatrist. No payment is involved in this arrangement.

4. Voluntary Organisations.

No use is made of the local voluntary organisations in so far as the administration of the health services is concerned, but a close liaison is maintained and the authority's officers have from time to time lectured to the voluntary organisations on the services provided by the local health authority.

PARTICULAR SERVICES.

5. Care of Expectant and Nursing Mothers and Children under school age.

Expectant and Nursing Mothers.

There are three ante-natal clinics in the Borough administered by the Corporation, which are situated at Moorlands Maternity Home, Thornhill Council Offices, and Heaton Lodge, Earlsheaton.

The Post-natal Clinic administered by the Corporation is held at Moorlands Maternity Home.

These clinics are under the medical supervision of an officer who is employed by the Regional Hospital Board as Resident Medical Officer of Moorlands Maternity Home. (Details of this officer's appointment are given under "Joint use of Staff").

The clinics provide ante-natal and post-natal care for all mothers, Dewsbury residents and non-residents, confined in Moorlands Maternity Home, and for Dewsbury mothers having domiciliary confinements. Maternity outfits are supplied through the clinics free of cost to Dewsbury patients having domiciliary confinements.

Routine blood tests are taken from every patient attending the ante-natal clinics, and these are sent to Leeds Blood Transfusion Centre for Group and Rhesus tests, to the Public Health Laboratory Service, Wakefield, for Wasserman and Kahn tests, and to the laboratory of the Dewsbury General Hospital for haemoglobin estimations.

Patients attending the ante-natal clinics who are found to require consultant advice, are referred to the Consultant Clinic, which is held weekly at Moorlands Maternity Home. This clinic is attended by the Consultant Obstetrician and Gynaecologist of the area.

Dewsbury primigravidae are referred by the ante-natal clinics for relaxation classes. These classes are administered by the Corporation and are held weekly at the Municipal Buildings, under the supervision of the local health authority's physiotherapist.

No mothercraft training is provided by the authority.

There are no ante-natal or post-natal examinations made by general practitioners at the mother's home or at the practitioner's surgery under arrangements made by the local health authority.

There are no Mother and Baby Homes in the county borough area, provided by the authority or by voluntary organisations. The authority have, however, from time to time made provision for unmarried mothers to go into Mother and Baby Homes, payment being made on an ad-hoc basis.

Staincliffe General Hospital is situated within the County Borough area and has a maternity wing. The hospital administers its own ante-natal and post-natal clinics. All Dewsbury cases desiring confinement in Staincliffe must book through the Local Health Authority.

Staincliffe notify the Medical Officer of Health of all abnormal cases, who are Dewsbury residents and who have been referred by general practitioners for institutional confinement.

Approximately 85% of the expectant mothers in Dewsbury attend either the local authority or hospital ante-natal clinics. Of these 73% receive ante-natal care at the clinics of the local health authority and 12% at the hospital clinic.

Child Welfare.

The Corporation provide seven Infant Welfare Clinics throughout the County Borough area. The primary object of these clinics is not to treat disease, but to advise mothers in the proper nurture of their children and to ensure that the infants are growing and developing normally.

A medical officer employed by the authority attends each session held at the clinics, with the exception of the Whitley Clinic, which is in a small out-lying district of the area and has only small attendances. In this instance only a Health Visitor attends, and the clinic is held fortnightly. The Shaw Cross Clinic is also held fortnightly and all other clinics weekly.

Mothers are encouraged to discuss their problems with the nurse or doctor, and if any defects are observed they are referred to the family doctor.

Facilities exist at each clinic for the weighing of babies and records of weights, attendances, etc., are maintained for each child.

Information regarding Vaccination and Immunisation, supply of Dried Milks, etc., which are offered through the clinics are discussed under their respective headings.

There are no clinics held by general practitioners in their own premises under arrangements with the local authority.

The number of children attending the infant welfare clinics for the first time under one year of age is, taking an average over the past five years, 77% of the number of infants born during those years.

Care of Premature Infants.

One of the Corporation's health visitors has been trained in the care of premature infants, and a premature baby cot, oxygen apparatus, clothing and ancillary equipment is available for domiciliary use.

Moorlands Maternity Home have a premature baby unit, and as the Domiciliary Midwives work in close co-operation with the Maternity Home almost every premature infant born on the district, when the care of a premature baby unit is considered essential, is transferred to Moorlands Maternity Home.

In view of the small number of premature babies who are domiciliary births, the present arrangements are considered adequate.

Liaison with the Maternity Home has been good and no difficulty has been experienced in placing infants in the premature baby unit.

Supply of Dried Milks, Etc.

Ministry of Food welfare foods, *i.e.*, National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin Tablets, are available at all the Corporation Child Welfare Clinics. Orange Juice, Cod Liver Oil and Vitamin Tablets are also available at all the authority's ante-natal clinics. Local Health Authority staff do the work on behalf of the Ministry of Food.

The Corporation purchase from the manufacturers the following Milk Foods, Cereals and Vitamins for sale in the child welfare clinics at very little above cost price :—

<i>Milk Foods</i>	<i>Cereals</i>	<i>Vitamins</i>
Cow & Gate	Farex	Virol
Ostermilk	Scotts Twin Pack	A & D Capsules
Trufood	Robrex	A & D Liquid
		Rose Hip Syrup
		Minadex
<i>Miscellaneous</i>		
Colact		
Lactogal		
Liquid Paraffin		

In necessitous cases milk food is supplied free of cost, or at a reduced price, according to the circumstances of the applicant, and in accordance with a scale laid down by the authority.

Dental Care.

Expectant and Nursing Mothers and young children requiring dental treatment are treated at the authority's Central Dental Clinic. During the past year the service has been expanded by the employment of two local dental practitioners on a sessional basis and now four sessions per week are devoted to this work.

The majority of these mothers are referred for treatment whilst attending the ante-natal clinics, although some nursing mothers are referred by the medical officers attending the child welfare clinics.

Mothers of young children requiring dental inspection or treatment bring along their children to the clinic either on their own initiative or are referred by the Medical Officer at the Maternity and Child Welfare Clinics. Extreme care and tact is exercised in this branch of the work, as the confidence and trust of the child must be gained if successful treatment is to be given without prejudicing the attitude of the child for the rest of his or her life.

Dentures and treatment are available free of charge for expectant and nursing mothers, until the child is one year old.

Other Provision.

Day Nurseries.

The Corporation provide two day nurseries situate at Eightlands Road and Ravensthorpe, and each nursery has 35 approved places for children between the ages of 0—2½ years. Admittance to the day nurseries is decided on priority grounds, *e.g.*, unmarried mothers, divorced, deserted and separated mothers, wives of servicemen, large families with small incomes.

The demand for places is high and a full register is always maintained.

A daily charge of one shilling per day is made, but from April 1st, 1953, the charge will be as follows :—

- (a) where one parent only in receipt of weekly income the charge will be 1s. 3d. per day,
- (b) where both parents in receipt of a weekly income the charge will be 1s. 9d. per day for the first child and 1s. 3d. for each additional child,
- (c) the Chairman and Vice-Chairman of the Health Committee are empowered to abate such charges in cases where financial circumstances warrant such action.

Ravensthorpe Day Nursery has been approved as a nursery training school and living accommodation for the students is provided at Eightlands Day Nursery.

6. Domiciliary Midwifery.

The corporation are the local supervising authority under the Midwives Act.

The authority employ four domiciliary midwives, all of whom are qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board, and all have been approved as district teachers of pupil midwives. Each midwife has a gas and air apparatus. In addition the domiciliary midwives have just completed a course of training under the direction of the Consultant Obstetrician, in the administration of Pethidine.

Patients wishing to book for a domiciliary confinement visit the home of the nearest domiciliary midwife. They are advised by the midwife to book their family doctor, if on the Obstetric List, for the confinement.

Ante-natal supervision at home is carried out by the midwives, who also see their cases at the ante-natal clinics. The number of maternity beds in this area is such that for all practical purposes all expectant mothers can, if they so wish, have their babies in hospital. In only a few cases has the Health Department through the midwives and Medical Officer of Health, been called upon to recommend confinement in hospital on social grounds.

Refresher courses have from time to time been attended by the domiciliary midwives, and it is hoped to send at least one midwife every year to such a course.

The Medical Officer of Health is Medical Supervisor of Midwives and the Matron of Moorlands Maternity Home is the Non-medical Supervisor of Midwives. No salary is paid to the Matron for this appointment as she is employed by the Hospital Management Committee, but the corporation make an outside uniform allowance of £12 per annum to her. She is in constant touch with all midwives practising in the area.

Moorlands Maternity Home is a part II training school for midwifery and the pupils deliver domiciliary confinements and care for the patients during the lying-in period under the guidance of the authority's domiciliary midwives.

There are no private maternity homes or midwives in private practice in the County Borough area.

Close liaison is maintained with the institutional maternity units who notify the local health authority of all discharges of Dewsbury residents before the fourteenth day and the domiciliary midwives attend these patients up to that day.

7. Health Visiting.

The Corporation Health Visitors have combined appointments as Health Visitors and School Nurses, and are under the supervision of a Superintendent Nursing Officer.

For the purpose of health visiting the town is divided into areas, each Health Visitor being allotted an area and the schools within that area. Such an arrangement provides for a child being cared for by the same nurse from birth until school leaving age.

In addition to visits paid to expectant and nursing mothers and young children, the health visitors attend the Child Welfare Clinics of their particular area and are responsible for visits in connection with infectious disease, housing, and the health of the family as a whole.

They also work in association with the Almoners of the local hospitals with regard to the after-care of patients discharged from hospital or attending hospital clinics.

The Health Visitor is encouraged to assist the local General Practitioners as much as possible, but much remains to be done in this direction before a really effective liaison can be said to exist.

The local hospitals send to the Medical Officer of Health a case summary of all Dewsbury residents under 15 years of age who have been in-patients or who are seen at their out-patient clinics. This co-operation is of valuable assistance to the Health Visitor both in regard to her work in Child Welfare and her work as a School Nurse.

No arrangements have been made to help suitable officers to obtain the Health Visitor's Certificate as there have been no applicants, but if such applications were made they would be favourably considered. Sanction has been sought from time to time from the Ministry of Health for qualified State Registered Nurses to be approved as Temporary Health Visitors.

The authority offer facilities for student health visitors not over 34 years of age, such persons being required to enter into an agreement whereby they are obliged if successful in passing the examination for the Health Visitor's Certificate of the Royal Sanitary Institute, to remain in the employment of the authority for a period of two years.

The agreement provides for the student to be remunerated at three-quarters of the minimum of the Health Visitor's salary scale, and if successful in passing the examination the salary and conditions of service of the Nurses and Midwives Whitley Council become applicable.

The agreement further provides that during the training period the following payments be made by the authority :—

1. Clothing allowance £12.
2. Travelling allowance £10.
3. Tuition Fees £20.
4. Examination Entrance Fee £6 6s. 0d.

The students attend a nine month whole-time course of training at a recognised centre.

It is to be regretted that owing to the extreme shortage of qualified health visitors it has not been possible to arrange for the present staff to attend refresher courses.

8. Home Nursing.

The district nursing service ceased to function as a voluntary organisation and was taken over by the corporation on the 4th December, 1950. Up to May 1952 the nurses operated from the Nurses Home Woodlands, Leeds Road, Dewsbury, but owing to the difficulty experienced in obtaining resident staff it was decided that the home should be closed and the service operated from the Public Health Department offices.

When this change was effected, arrangements were made for the installation of telephones in the private homes of all full-time district nurses, so that whilst all calls for this service are made to the Public Health Department during office hours, there is in existence a full night and day service, as a duty rota for weekend and evening calls is circulated at intervals to local hospitals and all general practitioners on the list of the Dewsbury Executive Council.

The nurses are under the supervision of the Superintendent Nursing Officer, and the number of Home Nurses employed is approximately equivalent to one full-time nurse for every 7,000 of the population.

The service is worked in close collaboration with the hospitals and the general practitioners and there is every reason to believe that the work carried out is deeply appreciated by all concerned. The calls upon the Home Nursing Service show a steady increase year by year, and there is no doubt that this Service is playing a major part in helping hospitals to cope with the ever increasing problem of chronic sickness in old persons and equally important it enables patients to remain in their own homes, which many prefer to do.

The Superintendent Nursing Officer attended a short term course (1 month) at the Queen's Institute of District Nursing, Bristol, and it is hoped that in the near future approval will be given for one or two full-time District Nurses to take the Queen's Institute training.

The Nursing Service has two cars, and cycle allowance or travelling expenses are paid. It is worthy of note that there are two male nurses in the Home Nursing Service and it is felt that they are a most essential and necessary part of the service in that there are certain types of cases which particularly lend themselves to male nursing, and it is also of interest that the General Practitioners have commented most favourably upon the employment of these Male nurses.

The classification and proportion of the main types of cases attended by the Home Nurses is shown below. These proportions have been deduced from an analysis of the past three months' work, but it must be realised that such percentages are by no means static.

1. Dressings (post operative, wounds, ulcers, scalds burns, etc.)	...	...	...	13%
2. General Nursing (hemiplegias carcinomas, rheumatism, bronchitis, etc.)	...	...	...	38%
3. Injections (streptomycin, penicillin etc.)	...	...	...	26%
4. Enemata (pre- X-ray, routine, etc.)	...	...	...	11%
5. Gynaecological and Genito-Urinary	...	...	...	12%

9. Vaccination and Immunisation.

The sustained effort to secure the vaccination and immunisation of the child population rests mainly with the Health Visitors, who, through home visiting and at child welfare centres, approach all mothers with regard to the immunisation and vaccination of their children.

Completed immunisation and vaccination Record Cards are brought from the Immunisation and Vaccination sessions which are held at Welfare Clinics to the Health Department where, together with Record Cards received from general practitioners, the particulars of immunisation and vaccination are entered on the form for the Return of Births submitted by the local Registrar. The Return of Births is checked weekly and the names of all Dewsbury children who have reached the age of 11 months and have not been immunised or vaccinated are notified to the Health Visitor of their particular area who then makes a special visit in order to persuade the parents to afford this protection to the child.

If the child has not been immunised or vaccinated by the time it has almost reached one year of age, a first birthday card is sent on the child's birthday. These cards have been purchased from the Central Council for Health Education and are entitled "We've reached a milestone!". On the reverse side of the card there is printed a list of clinics where immunisation and vaccination are obtainable.

A further effort to secure immunisation against Diphtheria of the child population is made when the children become school entrants. A list of names of school entrants is received from Head Teachers. A duplicated circular letter is addressed to the parents of each child together with a consent form. The letter draws the attention of the parents to the greatly increased danger of infection on mixing with large numbers of other children and requests them to give consent to a boosting dose for children immunised during infancy or two doses at an interval of one month for children not previously immunised.

In addition to the foregoing constant efforts are made by publicity, *e.g.*, cinema slides, talks to parent associations, etc., to secure a greater degree of protection amongst the child population.

The response to appeals for immunisation is not satisfactory, the number of immunisations performed shew a steady decline year by year in spite of all the efforts which have been previously enumerated. An even worse situation exists with regard to Smallpox vaccination and on present figures it cannot be said that there is any marked degree of protection amongst the community against a possible outbreak of smallpox. Parents are reluctant to have their children vaccinated, due no doubt to the small incidence of smallpox in this country. It is felt that the decline in the number of cases of diphtheria is having a similar effect upon immunisation.

When a child's mother is approached with regard to immunisation and vaccination she is informed that immunisation against Whooping Cough is available. During 1951 approximately one in five of the children immunised against diphtheria had the combined prophylactic, but this ratio has increased considerably during 1952.

Immunisation with Whooping Cough vaccine alone is recommended at the age of three months and with the combined prophylactic at the age of six months.

10. Ambulance Service.

The ambulance station is sited in premises within the same curtilage as the premises of the Transport Department.

There are five ambulances and three sitting case cars. Fourteen ambulance personnel are employed and are under the immediate direction of the Council's Transport Manager. All ambulance personnel hold an up-to-date first-aid certificate of the St. John Ambulance Brigade.

Mutual aid arrangements have been made with the Corporations of Bradford, Halifax, Huddersfield, Leeds and the West Riding County Council.

Local hospitals and general practitioners have been circularised requesting them to ensure proper and economical use of the ambulance service, and the hospitals particularly have been asked to review their cases at frequent intervals. Any cases of possible abuse are brought to the notice of the Medical Officer of Health and he investigates them. It is felt that although there is reasonable co-operation between the parties concerned, constant vigilance is necessary.

No new types of equipment have been brought into the service, but consideration was given to the installation of radio control for ambulances and sitting case cars. It was decided, however, that present arrangements were adequate and satisfactory, as no complaint had been received about the time taken to reach emergency cases, nor was there any proof that without radio control unnecessary mileage was being made, and in view of the cost of installation and maintenance of equipment the scheme was dropped.

During the year 1952, 15 597 patients were carried and 69,615 miles travelled. The trend as compared with other years is illustrated by the following figures :—

<i>Year</i>		<i>Patients carried</i>	<i>Mileage</i>
1949	...	16,440	88 509
1950	...	16,561	79,709
1951	...	15,441	70,947
1952	...	15,597	69,615

11. Prevention, Care and After-care.

A. Tuberculosis.

The Chest Physician and the Medical Officer of Health work in close and active co-operation with regard to prevention, care and after-care of tuberculosis.

The authority employ a full-time Tuberculosis Care and After-care Visitor who attends the Dispensary clinical sessions at the Dewsbury centre twice a week and acts as clinical nurse. This arrangement is a useful one as she is enabled thereby to understand the clinical state of the patient and this association with the chest physician renders her more useful to the patient in the prevention, care and after-care work.

This co-ordination between the diagnostic and curative work of the dispensary and the preventive and care measures in the patient's home is essential both to the effective treatment of tuberculosis and to prevention of the spread of infection.

The Tuberculosis Visitor visits the homes of all notified cases of tuberculosis and contacts. She advises the household on the measures necessary to prevent the spread of infection, and the patient in matters of diet, rest, ventilation, etc. She arranges, as advised by the Chest Physician for occupational therapy in the patient's home, materials being supplied by the authority, at cost price, or free in necessitous cases.

It is her duty to arrange for the boarding-out of children, with relatives or otherwise, who are living in a household where there is active tuberculosis, and who in the opinion of the Chest Physician require vaccination with B.C.G.

Re-housing of tuberculous patients is accorded first priority by the corporation's housing committee. An application for re-housing from a tuberculous household is passed to the Sanitary Department for a housing report, the Chest Physician is consulted and he reports on the clinical state of the patient and gives his opinion as to whether re-housing would improve the health of the patient and prevent the spread of infection. The Medical Officer of Health in the light of this evidence makes his recommendation to the Housing Committee.

The authority make provision for the supply, on recommendation from the Chest Physician, of two pints of free milk per day for tuberculous patients being treated in their own homes. This scheme is extensively used and well over 50,000 pints of milk per year are provided. In addition sputum mugs, flasks and cartons and all types of nursing requisites are available on loan.

The corporation have not considered it necessary to appoint an After-care Committee nor to provide workshops for occupational therapy.

B. Illness Generally.

For the care and after-care of patients suffering from illness other than tuberculosis, there are available on loan, all types of nursing requisites. No charge is made for the loan of these articles, but a deposit is claimed and this is refunded if the articles are returned in good condition. The levy of the deposit is overlooked in the case of persons in receipt of National Assistance and old aged pensioners.

The Council operate a Convalescent Care Scheme for cases where no medical or surgical attention is required. Such persons are recommended by the hospital authorities or medical practitioners, and they are sent to convalescent homes administered by voluntary organisations. Travelling expenses of the applicant and accounts for period of stay are paid by the Council. An assessment of the applicant's ability to pay is made in accordance with the Council's Scale of Charges, and an account for the recovery of this amount is forwarded to the applicant upon return from convalescence. During the past year increasing use has been made of this scheme.

Further measures for the prevention of illness, care and after-care, are made by the provision of a V.D. Social Worker, this joint appointment with the West Riding County Council is referred to under the Heading "Administration." This service must by its very nature, work in close liaison with the hospital authorities.

12. Domestic Help.

The Council have authorised an equivalent whole-time Home Help Service of twenty-five.

No Home Help Organiser has been appointed and the Home Helps are under the supervision of the Superintendent Nursing Officer.

No difficulty is now being experienced in obtaining suitable persons for employment in this service.

Applications for domestic help, which must be supported by a medical certificate, other than confinement cases, are made to the Public Health Department offices. The home of each applicant is visited by the Superintendent Nursing Officer, who then decides on the amount of help required.

An assessment of the applicant's ability to pay is made in accordance with the Council's Scale of Charges and accounts for the recovery of these amounts are sent out periodically.

There is a constant demand for the service as the large majority of the cases are applications made on account of old age, infirmity and chronic sickness, and in consequence such cases remain on the books more or less indefinitely. Confinement cases are accorded priority and this frequently involves a home help being diverted from less necessitous cases to the confinement case.

The fractional system is employed in as much as a home help attends a number of households in one week, but does not split a morning or an afternoon for different households, except in exceptional circumstances.

The Home Helps are provided with overalls and travelling expenses are paid. Household cleaning equipment is available on loan where necessary.

No retaining fees have been paid to persons who would be willing to be called upon in an emergency, and no facilities for training have been offered.

This service like that of the Home Nurses plays a large part in relieving the anxiety which accompanies illness, and so brings that comfort and relief which is so essential for peace of mind, happiness in one's home, and early recovery.

13. Health Education.

As in past years use has been made of the advisory and information service of the Central Council for Health Education, and the services of Health Visitors, Home Nurses and Midwives, were widely used in relation to this aspect of public health.

Health Educational film shows have been given at intervals to all the senior schools in the borough.

Since the inception of the National Health Service Act two diphtheria immunisation publicity campaigns have been held, the first was a six weeks' publicity campaign and commenced on 13th June, 1949, the second a fortnight's campaign commenced on 4th March, 1951. In both campaigns films were shown at the local cinemas, advertisements inserted in local newspapers, and posters and exhibition stands were displayed in public buildings. In addition talks with films and discussions were given in senior schools and to Mothers' Unions and Parent-Teachers Associations. Films for this purpose were obtained from the Central Film Library and the American Embassy in London. The results of these campaigns have not been impressive but they are considered useful as a long term policy for future parents.

On the 24th to 30th July, 1948, a "Health for All" Exhibition was held in Dewsbury Town Hall. The main theme was to illustrate to the public the services available under the new Act, and there were many varied and interesting exhibitions displayed.

The corporation participated in the National Foot Health Week in June 1950, and lectures and exhibitions were arranged and advertised.

The importance of care in regard to personal hygiene by those who handle foodstuffs has been stressed and the co-operation of all suppliers has been sought.

Copies of the booklet "Better Health" are sent to all schools for the use of the teachers and the booklet "New Adventure" is given to the parents of all school entrants.

During the past year the accent has been on "Home Accidents," and the following measures have been taken.

1. The Manager of the Home Safety Section of the Royal Society for the Prevention of Accidents has been to the Health Department and lectured to all Health Visitors, Home Nurses, and Midwives on the subject of Home Safety.

2. All the nurses have been instructed that they must regard the Prevention of Home Accidents as part of their duty, and they have advised whenever necessary and appropriate during their many visits to various homes. It is considered that this *continuous* work of over 20 nurses is the backbone of all efforts made to reduce Home Accidents. Approximately 40,000 home visits were made during 1951.

3. In order to further the nurses' interest and training, the Health Committee have agreed to them becoming members of the Home Safety Group of the Royal Society for the Prevention of Accidents, from which they regularly receive lecture notes, up-to-date statistical data, etc.

4. All general practitioners have been circulated and asked to co-operate in notifying the Medical Officer of Health of all cases of Home Accidents needing medical treatment.

5. Similarly the Hospital Authorities have agreed to co-operate in notifying the Medical Officer of Health of all cases needing in-patient or out-patient treatment as a result of a Home Accident. All notifications will be followed up by Health Visitors who will give advice and at the same time complete a form which will give full information on the exact cause or causes of the accident. As a result of such co-operation from the Hospitals and the General Practitioners it is hoped to formulate, upon the knowledge obtained, a plan of action which will tend to diminish the number of Home Accidents in Dewsbury, *e.g.*, if one particular cause becomes apparent, publicity of this particular cause can be made in every manner possible. Such information, *e.g.*, the number of accidents actually occurring in Dewsbury is of more appeal to a Dewsbury resident than are national figures and will help also very much in general propaganda.

6. Posters are in the clinics and these are periodically changed.

7. Pamphlets and leaflets are available in the clinics and also are carried round by nurses during their home visits.

8. A number of the cinema managers have agreed to show slides when these become available from the Royal Society for the Prevention of Accidents, Home Safety Section.

9. The local authority has become a member of the Royal Society for the Prevention of Accidents (Home Safety) thus supporting the Central organisation and at the same time enabling the authority to purchase literature and posters, etc., at reduced cost.

10. All the Secondary Modern Schools agreed to allow the School Nurses to give lectures on Home Safety to the older girls and boys, and these lectures have been completed. In addition these same schools have agreed, on receipt of an outline lecture from the Health Department, to put the subject of Home Safety in the school curriculum.

11. All Old People's Associations were asked to co-operate by allowing lectures to be given at their meetings, and these also have been given.

14. Mental Health.

Administration.

(a) The Mental Health Sub-Committee of the Health Committee is responsible for the mental health service. The committee is comprised of members of the council and there are no co-opted members.

(b) The three medical officers in the direct employ of the authority are approved by the Ministry of Education under Regulation 53 of the Handicapped Pupils and School Health Service Regulations 1945, in connection with the Authority's arrangements for the ascertainment of educationally sub-normal pupils. These officers are also approved as certifying officers under the Mental Deficiency Acts.

Three Duly Authorised Officers are employed by the council, two males and one female. Two of these officers attended a mental health course at the University of Leeds and the other a course at the University of Sheffield. The Authorised Officers are employed half-time only. An experienced Mental Health Worker, previously employed by the National Association for Mental Health in the region, was appointed in May 1949, to carry out the psychiatric social work in the borough. This worker is seconded half-time to the Education Committee's Child Guidance Clinic as Social Worker. The authority has no qualified Psychiatric Social Worker.

A new Occupation Centre for 50 mental defectives is almost ready to be opened and a qualified Supervisor, two unqualified Assistant Supervisors, and two Guide Assistants have already been appointed. In addition to Dewsbury mental defectives, arrangements will be made with the West Riding County Council to admit a number of their mental defectives who live in the area adjoining Dewsbury.

(c) An arrangement has been made with the Hospital Management Committee whereby the Mental Health Worker attends for one session per week at the Psychiatric Out-patient Clinic at the Dewsbury General Hospital to assist the Consultant Psychiatrist there. In a case where the patient is a Dewsbury resident and where the consultant considers that some field work would be helpful, the patient is referred through the Medical Officer of Health to the Mental Health Worker. A close liaison is thus maintained between the Consultant and the Mental Health Worker on the one hand, who can discuss the case regularly, and the patient on the other who already knows the Mental Health Worker from contact at the clinic. The consultant has readily given help and advice to the mental health worker.

Co-operation between Stanley Royd Hospital, Wakefield, and the authority has been, and continues to be most cordial. There is an arrangement whereby the Medical Officer of Health is asked for an investigation into and a report on the history and circumstances of each Dewsbury patient entering the hospital. This is undertaken by the Mental Health Worker, who often already knows the patient and his family through contact at the Out-patient clinic. It is also useful in that a relationship can be established between the worker and the relatives of the patient which stands in good stead if the patient is later referred for after-care on discharge.

The supervision of patients discharged from Mental Hospitals on trial is undertaken by the Social Worker of the hospital concerned.

Mental defectives on licence leave from institutions are visited quarterly or if necessary more frequently by the Duly Authorised Officers and home condition reports are obtained when requested by the institution.

(d) There are no duties delegated to Voluntary Associations.

Account of work undertaken in the community.

(A.) Mentally Ill.

Cases are referred for investigation and if necessary, action on the part of the Mental Health Worker, by social agencies such as the Citizens' Advice Bureau or perhaps a relative. In these cases, the patient often has a fear of seeking medical help and sometimes it is possible to allay this enough to get the patient to the Out-patient Clinic and the illness can then be treated in its early stages, where it might otherwise have developed to a point where certification was the only means of dealing with the patient. It is hoped that this very important aspect of the Mental Health Worker's activity is one which will expand but progress will largely depend on a changing attitude of the public towards mental illness. The Mental Health Worker has a useful function in this respect, and in contact with social and educational agencies, medical auxiliaries and other officials can act in a gradual way, as a propagandist for the principles of mental hygiene.

So far as the after care of patients discharged from mental hospitals is concerned, it is disappointing to have to record that there has been very little co-operation from Storthes Hall Hospital, Kirkburton, Huddersfield, which is the catchment hospital for this area for patients requiring psychiatric treatment.

A minority of Dewsbury cases have been admitted to Stanley Royd Hospital, Wakefield, and co-operation with this hospital leaves nothing to be desired. Almost without exception, each case has been, with the patient's consent, referred for after care and a report on the nature of the illnesses the treatment given and a prognosis has been sent to the Medical Officer of Health. Many of these patients have already been seen by the Mental Health Worker at the Out-patient clinic and when they are followed up on their discharge from Mental Hospital, it is rarely found that they are unco-operative. Help is given as the case demands. Sometimes a friendly contact periodically is the only action necessary, but this can be invaluable because often the mentally ill person suffers acutely from a sense of isolation and in such cases it is a real therapeutic measure to attempt diminish this feeling. In some cases in co-operation with the Disablement Resettlement Officer of the Ministry of Labour, suitable employment is found.

Occasionally it happens that the worker is able to discern the early signs of a relapse and persuade the patient to resume attendance at the Out-patient Clinic. Co-operation with the patient's own doctor is maintained throughout.

The Duly Authorised Officers are responsible for taking the necessary initial action under the Lunacy Act and the Mental Treatment Acts 1890-1930.

(B). Mental Deficiency.

Health Visitors and the Education Department notify the Medical Officer of Health of cases requiring ascertainment, and such ascertainment is carried out by the three medical officers employed by the authority.

The Town Clerk presents petitions in respect of cases for guardianship or admission to institutions for mental defectives.

Supervision of mental defectives is carried out by the Duly Authorised Officers who are authorised under the Mental Deficiency Acts. The female Authorised Officer is responsible for the supervision of female mental defectives. Three-monthly visits, or more often if necessary, are paid to all defectives under Statutory Supervision, Guardianship and on Licence Leave.

The Authorised Officers are responsible for the compilation of Home Reports for renewal of Orders for guardianship and institutional cases. At the present time occupational therapy is arranged by the Duly Authorised Officers in the homes of suitable cases. An Occupation Centre for fifty mental defectives is almost completed and the necessary staff have been recruited.

**STATISTICS AND SOCIAL CONDITIONS
OF THE AREA**

Area (in acres)	...	...	...	...	...	6,720
Estimated civilian population (Mid. 1952)	...	...	...	...	...	52,910
Number of Inhabited houses at 31st December, 1952	...	...	...	...	...	17,541
Back-to-back houses	...	...	...	...	approx.	4,000
Rateable Value at 1st April, 1952	...	...	...	...	...	£318,291
Estimated product of a penny rate 1952/53	...	...	...	...	...	£1,255

I am indebted to the Borough Treasurer (Mr. A. E. Richardson) for the financial statement below, showing the cost of the health services for the year ending 31st March, 1953.

Local Health Services.

						Net Cost before Deduction of Grant
Section 22.	Care of Mothers and Young Children	...	...	...	...	£18,956
Section 23.	Midwives Services	...	...	...	...	£2,867
Section 24.	Health Visiting	...	...	...	...	£4,408
Section 25.	Home Nursing	...	...	...	...	£4,632
Section 26.	Vaccination and Immunisation...	...	...	...	...	£498
Section 27.	Ambulance Services	...	...	...	...	£9,980
Section 28.	Prevention of Illness. Care and After Care	...	...	...	...	£2,860
Section 29.	Home Helps	...	...	...	...	£6,029
Section 51.	Mental Health Services	...	...	...	...	£1,970
	Occupation Centre	...	...	...	...	£431
Public Health Act, 1936—						
	Notification of Infectious Diseases	...	...	...	...	£145
	Central Council for Health Education	...	...	...	...	£20
	Total	...	...	...	...	£52,796

Vital Statistics.

	1952			1951
	Male	Female	Total	Total
Number of Live Births :				
Legitimate	452	399	851	893
Illegitimate	18	28	46	57
TOTAL ...	470	427	897	950
Number of Still Births :				
Legitimate	9	17	26	18
Illegitimate	1	—	1	1
TOTAL ...	10	17	27	19
Total Number of Births, Live and Still :				
Legitimate	461	416	877	911
Illegitimate	19	28	47	58
TOTAL ...	480	444	924	969
Total Number of Deaths ...	370	357	727	765
Deaths (under 1 year) :				
Legitimate Infants ...	20	7	27	32
Illegitimate Infants ...	—	2	2	2
TOTAL ...	20	9	29	34
Deaths of infants under 4 weeks of age :				
Legitimate Infants ...	13	4	17	18
Illegitimate Infants ...	—	2	2	—
TOTAL ...	13	6	19	18

Area Comparability factors : Births 1.04

Deaths 1.00

Comparison of Vital Statistics, Dewsbury and England and Wales, 1952.

	Dewsbury 1952	England & Wales	160 County Boroughs & Great Towns	Dewsbury 1951
Rate per 1,000 Population :				
Live Births	16.95	15.3	16.9	17.93
Corrected Live Birth Rate ...	17.63	—	—	18.65
Still-births	0.51	0.35	0.43	0.36
Annual Death Rate per 1,000 Population :				
All causes	13.74	11.3	12.1	14.44
Whooping Cough	0.02	0.00	0.00	0.06
Diphtheria	0.00	0.00	0.00	0.00
Influenza	0.04	0.04	0.04	0.36
Measles	0.00	Not Available		0.00
Pulmonary Tuberculosis ...	0.23			0.32
Non-Pulmonary Tuberculosis	0.02	0.24	0.28	0.00
Pneumonia	0.38	0.47	0.52	0.68
Smallpox	0.00	0.00	—	0.00
Acute Poliomyelitis... ..	0.02	0.01	0.01	0.00
Still-birth rate (per 1,000 live and still-births)	29.22	22.6	24.6	19.61
Rate per 1,000 Live Births :				
Diarrhoea & Enteritis Deaths (Under 2 years)	1.11	1.1	1.3	6.32
Deaths under one year ...	32.33	27.6	31.2	35.79
Maternal Mortality Rate per 1,000 Total Births :				
Sepsis of pregnancy, child- birth and the puerperium	0.00	0.09	—	0.00
Abortion with toxæmia ...	0.00	0.02	—	0.00
Other toxæmias of pregnancy and the puerperium ...	0.00	0.21	—	0.00
Haemorrhage of pregnancy and childbirth	0.00	0.09	—	0.00
Abortion without mention of sepsis or toxæmia ...	0.00	0.04	—	0.00
Abortion with sepsis ...	0.00	0.07	—	0.00
Other complications of preg- nancy, childbirth and the puerperium	0.00	0.20	—	0.00

Population.

1931 Census—54,302.

1951 Census (Preliminary Report)—53,476.

The Registrar General estimated the home population (all ages), in 1952 to be 52,910 a decrease of 80 on the total for 1951.

The natural increase of the population (excess of live births over deaths) was 170.

Birth Rate.

In 1952, the number of live births was 897, 53 less than in 1951, giving a birth rate of 16·95 per 1,000 population compared with the previous year's rate of 17·93.

The corrected birth rate (Registrar Generals area comparability factor 1·04) was 17·63 and the birth rate for England and Wales was 15·3 per 1,000 population for 1952.

The birth rates and maternal mortality rates for Dewsbury since 1941 are as follows :—

		<i>Birth Rate</i>		<i>Maternal Mortality Rate</i>
1941	...	14·7	...	6·31
1942	...	17·3	...	1·14
1943	...	18·7	...	1·07
1944	...	20·8	...	1·8
1945	...	18·1	...	Nil
1946	...	20·4	...	1·90
1947	...	23·9	...	2·41
1948	...	19·3	...	Nil
1949	...	19·2	...	Nil
1950	...	17·7	...	2·07
1951	...	17·93	...	Nil
1952	...	16·95	...	Nil

Death Rate.

In 1952 the number of deaths was 727, a decrease of 38 compared with the previous year and the death rate was 13·74 per 1,000 population compared with 14·44 in 1951.

The death rate for England and Wales in 1952 was 11·3 per 1,000 population.

The following Table gives an Analysis of the Causes of Death :
Causes of Death 1952 and comparison with 1951 figures.

Registrar-General's figures.

Classifica- tion No.		M.	F.	Total 1952	Total 1951
1	Tuberculosis, respiratory	6	6	12	17
2	Tuberculosis, other	1	—	1	—
3	Syphilitic diseases	3	1	4	1
4	Diphtheria	—	—	—	—
5	Whooping Cough	—	1	1	3
6	Meningococcal infections	1	—	1	2
7	Acute poliomyelitis	—	1	1	—
8	Measles	—	—	—	—
9	Other infective and parasitic diseases	2	1	3	3
10	Malignant neoplasm, stomach	13	12	25	14
11	Malignant neoplasm, lung, bronchus ...	15	2	17	12
12	Malignant neoplasm, breast	—	11	11	10
13	Malignant neoplasm, uterus	—	7	7	6
14	Other malignant and lymphatic neo- plasms	26	30	56	64
15	Leukaemia, aleukaemia	4	1	5	1
16	Diabetes	3	2	5	2
17	Vascular lesions of nervous system ..	55	75	130	113
18	Coronary disease, angina	52	31	83	84
19	Hypertension with heart disease ..	9	11	20	25
20	Other heart diseases	53	74	127	144
21	Other circulatory diseases	15	12	27	24
22	Influenza	1	1	2	19
23	Pneumonia	11	9	20	36
24	Bronchitis	32	22	54	60
25	Other diseases of respiratory system ..	2	1	3	5
26	Ulcer of stomach and duodenum ..	2	2	4	11
27	Gastritis, enteritis and diarrhoea ..	2	1	3	6
28	Nephritis and nephrosis	6	9	15	13
29	Hyperplasia of prostate... ..	3	—	3	—
30	Pregnancy, childbirth and abortion ..	—	—	—	—
31	Congenital malformations	2	1	3	3
32	Other defined and ill-defined diseases...	33	27	60	62
33	Motor vehicle accidents... ..	3	—	3	2
34	All other accidents	9	5	14	13
35	Suicide	6	1	7	8
36	Homicide and operations of war ..	—	—	—	2
Total ...		370	357	727	765

Year	Population	BIRTHS			DEATHS			INFANTILE MORTALITY		
		Total Births	Birth Rate England and Wales	Birth Rate England and Wales	Total Deaths	Death Rate England and Wales	Death Rate England and Wales	Deaths under 1 year per 1,000 Births		England and Wales
								Dewsbury	Wales	
1910	51,224	1061	20.7	24.8	846	16.5	13.4	147.0	106	
1911	53,411	1160	21.7	24.4	932	17.4	14.6	154.3	130	
1912	53,630	1199	22.35	23.8	828	15.4	13.3	102.5	95	
1913	53,856	1261	23.4	24.1	907	16.8	13.8	131.3	109	
1914	54,082	1293	23.9	23.8	860	15.9	14.0	113.7	105	
1915	53,299	1135	20.98	21.9	913	17.12	15.7	116.3	110	
1916	51,855	1104	19.5	20.9	791	15.2	14.4	94.2	91	
1917	52,244	925	15.8	17.8	739	14.1	14.4	97.0	96	
1918	47,101	919	17.4	17.7	956	20.25	17.6	112.0	97	
1919	52,969	1056	19.1	18.5	930	17.5	13.8	110.7	89	
1920	55,080	1271	23.07	25.4	784	14.2	12.4	110.1	80	
1921	54,164	1197	22.08	22.4	810	14.9	12.1	121.9	83	
1922	55,100	1004	18.2	20.6	745	13.32	12.9	107.5	77	
1923	55,424	942	17.05	19.7	803	14.0	11.6	82.8	69	
1924	55,121	1022	17.8	18.8	845	14.3	12.2	89.04	75	
1925	54,780	946	17.2	18.3	823	15.0	12.2	105.7	75	
1926	53,630	910	16.96	17.8	729	13.59	11.6	89.0	70	
1927	53,560	870	16.2	16.7	811	15.1	12.3	63.2	69	
1928	53,130	860	16.18	16.7	740	13.9	11.7	66.2	65	
1929	53,020	813	15.33	16.3	936	17.6	13.4	93.4	74	
1930	53,020	872	16.4	16.3	697	13.1	11.4	64.2	60	
1931	54,410	743	13.65	15.8	804	14.78	12.3	76.7	66	
1932	53,870	795	14.7	15.3	819	15.2	12.0	88.0	65	
1933	53,600	762	14.2	14.4	826	15.4	12.3	91.8	64	
1934	53,450	734	13.7	14.8	675	12.6	11.8	57.2	59	
1935	53,400	761	14.3	14.7	691	12.9	11.7	52.6	57	
1936	53,230	788	14.8	14.8	826	15.5	12.1	68.5	59	
1937	53,050	805	15.17	14.9	785	14.8	12.4	62.1	58	
1938	52,860	753	14.24	15.1	704	13.3	11.6	51.2	53	
1939	52,600	763	14.42	15.0	700	13.3	12.1	49.7	50	
1940	50,630	754	14.89	14.6	791	15.6	14.3	51.3	55	
1941	50,330	745	14.7	14.2	710	14.11	12.9	62.9	59	
1942	48,880	848	17.3	15.8	694	14.2	11.6	70.7	49	
1943	47,510	891	18.75	16.5	757	15.9	12.1	50.5	49	
1944	46,910	979	20.87	17.6	662	14.11	11.9	36.7	46	
1945	46,650	848	18.18	16.1	727	15.58	11.4	48.35	46	
1946	49,670	1012	20.37	19.1	702	14.13	11.5	41.5	43	
1947	50,880	1217	23.91	20.5	751	14.76	12.0	45.19	41	
1948	52,550	1015	19.32	17.9	692	13.17	10.8	40.39	34	
1949	52,740	1011	19.17	16.7	767	14.54	11.7	30.66	32	
1950	53,140	940	17.7	15.8	713	13.4	11.6	24.47	30	
1951	52,990	950	17.93	15.5	765	14.44	12.5	35.79	29.6	
1952	52,910	897	16.95	15.3	727	13.74	11.3	32.33	27.6	

Causes of Death at Different Periods of Life.

Registrar General's Figures 1952.

	Under 1		1—5		5—15		15—25		25—45		45—65		65—75		75 and Over		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
erculosis, respiratory ...			1		1		1		2	3	1	2		1			6	6
erculosis, other ...							1										1	
ilitic diseases ...											3	1					3	1
theria ...																		
oping Cough ...		1																
ingococcal infections ...	1																1	
ie poliomyelitis ...									1									1
les ...																		
er infective and parasitic eases ...							1		1				1				2	1
gnant neoplasm, stomach ...											5	5	7	4	1	3	13	12
gnant neoplasm, lung, onchus ...									1		6	1	8	1			15	2
gnant neoplasm, breast ...										2		4		3		2		11
gnant neoplasm, uterus ...										1		4		1		1		7
er malignant and lymphatic oplasms ...									1	2	6	11	12	13	7	4	26	30
xaemia, aleukaemia ...			1	1							1		1		1		4	1
etes ...											1		2	2			3	2
ular lesions of nervous system										1	14	12	20	29	21	33	55	75
ary disease, angina ...									2		15	5	29	16	6	10	52	31
ertension with heart disease											4	1	2	3	3	7	9	11
er heart diseases ...					1				3	4	9	8	12	12	29	49	53	74
er circulatory diseases ...										1	2	2	4	4	9	5	15	12
enza ...	1															1	1	1
monia ...	1	1				1			1		2		2	3	5	4	11	9
chitis ...	2										10	2	12	7	8	13	32	22
er respiratory diseases ...											1	1			1		2	1
er of stomach and duodenum											2					2	2	2
ritis, enteritis and diarrhoea	1														1	1	2	1
ritis and nephrosis ...								1	1		3	3	2	2		3	6	9
erplasia of prostate ...													1		2		3	
nancy, childbirth and ortion ...																		
enital malformations ...	2	1															2	1
er defined and ill-defined eases ...	12	5	1						1		3	8	9	8	7	6	33	27
er vehicle accidents ...					1		1				1						3	
ther accidents ...		1							1	1	4	1	2	1	2	1	9	5
de ...							1				3	1	2				6	1
icide and operations of war																		
Total ...	20	9	2	1	3	2	5	1	13	17	96	72	128	110	103	145	370	357

Deaths Occurring in Hospitals and Institutions.

The number of deaths which occurred in hospitals or institutions during the year was 269 or 37% of the total number of deaths.

Infant Death Rates.

Legitimate infants per 1,000 legitimate Live Births	...	31.73
Illegitimate infants per 1,000 illegitimate Live Births	...	43.48
All infants per 1,000 Live Births		32.33
England and Wales (All infants per 1,000 Live Births)	...	27.6

Deaths under one year (per 1,000 live births)

	1949	1950	1951	1952
England & Wales	... 32.00	29.8	29.6	27.6
Dewsbury	... 30.66	24.47	35.79	32.33

Deaths of Infants under 1 year — 1952.

Disease	Under 1 Day		1 Day— 1 week		1 week— 4 weeks		4 weeks— 3 Mths.		3—6 Mths.		6—9 Mths.		9—12 Mths.		TOTALS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Other defined and ill-defined diseases	8	2	4	2	—	—	—	—	—	1	—	—	—	—	12	5
Congenital Malformations	—	—	—	—	1	—	—	—	—	1	1	—	—	—	2	1
Pneumonia	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	1
Bronchitis	—	—	—	—	—	—	1	—	—	—	—	—	1	—	2	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Influenza	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Gastritis, Enteritis and Diarrhoea	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
All other accidents	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS	8	3	4	3	1	—	2	—	2	2	1	1	2	—	20	9

Total number of deaths under 28 days old was 19 or 65.5% of all infant deaths.

Neonatal death rate = 21 per 1,000 live births.

Maternal Deaths.

There were no deaths ascribed to maternity during 1952.

The following table gives information relating to maternal deaths during the period 1941 to 1952.

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
No. of Births—Live and Still	798	879	935	1012	875	1054	1244	1039	1034	968	969	924
No. of Maternal Deaths	5	1	1	2	—	2	3	—	—	2	—	—
Maternal Death Rate	6.27	1.14	1.07	1.8	—	1.9	2.41	—	—	2.07	—	—
Maternal Death Rate—England and Wales ...	2.76	2.01	2.29	1.93	1.79	1.43	1.17	1.02	0.98	0.86	0.79	0.72

Premature Babies.

There were 57 live premature babies born in the County Borough of Dewsbury during 1952 representing 6·4% of the live births.

(a) The total number of premature babies who were born :

(i) at home	...	...	...	...	...	10
(ii) in hospital	...	...	...	...	...	47

(b) The number of those born at home :

(i) who were nursed entirely at home	...	6
(ii) who died during the first 24 hours	...	1
(iii) who died between 1 and 7 days	...	Nil
(iv) who survived at the end of one month	...	9

Of the ten children born at home, four were transferred to hospital and one of these died within the first 24 hours of life.

(c) The number of those born in hospital :

(i) who died during the first 24 hours	...	8
(ii) who died between 1 and 7 days	...	4
(iii) who survived at the end of one month	...	35

Of 57 premature babies (*i.e.*, 5½ lb. weight or less at birth) 24 were males and 33 females. They included 3 pair of twins and four children were twins to infants who were not premature on birth weight.

Premature Infants 1944-1952.

Year	1944	1945	1946	1947	1948	1949	1950	1951	1952
No. of premature infants born	27	26	49	91	64	69	51	56	57
No. of Live births	979	848	1012	1217	1015	1011	940	950	897
Premature Infants as a percentage of the live births	2·8%	3·1%	4·8%	7·5%	6·3%	6·8%	5·4%	5·9%	6·4%

The following table shews that of the 57 premature infants born during 1952, 13 (22·8%) are known to have died before reaching their first birthday, 20 (35%) are known to have survived to one year of age, 23 are alive but less than one year of age at the time of writing and 1 has left the district.

Premature Births, 1952.
Chart as at 1st June, 1953—Showing Information Relating to Premature Infants

Number of Premature Infants born during 1952			Weight	Deaths of Premature Infants			Premature Infants Alive (1/6/53)					
Male	Female	Total		Male	Female	Total	Under 1 year		Over 1 year		Untraced	
—	1	1	2 lbs. 3 ozs. or less	—	1	1	Male	Female	Male	Female	Male	Female
3	3	6	Over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs.	3	1	4	—	—	—	1	—	—
5	6	11	Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	3	—	3	—	3	2	3	—	—
5	5	10	Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	3	—	3	2	3	—	1	—	1*
11	18	29	Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	1	1	2	6	8	4	9	—	—
24	33	57	Totals	10	3	13	8	15	6	14	—	1

*This child removed to Batley, but was alive and well at the date of transfer.

Marriages.

Mr. B. C. Amies, Superintendent Registrar, has kindly furnished the following information :—

The number of marriage ceremonies during the year 1952 was 441 :—

(a)	In the Church of England	...	...	...	255
(b)	In other chapels and churches	...	...	...	62
(c)	At the Register Office	...	...	...	124

Marriages 1940-1952.

Year.				
1940	...	...	...	617
1941	...	...	...	526
1942	...	...	...	498
1943	...	...	...	352
1944	...	...	...	379
1945	...	...	...	521
1946	...	...	...	570
1947	...	...	...	571
1948	...	...	...	551
1949	...	...	...	499
1950	...	...	...	482
1951	...	...	...	487
1952	...	...	...	441

Occupations.

The chief occupations in Dewsbury are in the woollen trade and its associated industries, workshops, the distributive trades, coal mining, and cleaning and dyeing. Female labour is important in the heavy woollen industry of which Dewsbury is the principal centre.

Unemployment.

I am indebted to Mr. Dixon, Manager of the Dewsbury Employment Exchange, for the information given below :—

Unemployed Live Register—January to December, 1952.

Date	Men		Women		Total	
	W.U.	T.S.	W.U.	T.S.	W.U.	T.S.
14/1/1952	237	231	32	238	269	469
11/2/1952	200	132	34	319	234	451
17/3/1952	210	52	30	302	240	354
21/4/1952	202	103	59	262	261	365
12/5/1952	182	101	44	308	226	409
16/6/1952	145	180	52	274	197	454
14/7/1952 ...	186	70	44	212	230	282
11/8/1952 ...	168	60	36	130	204	190
15/9/1952 ...	156	62	36	103	192	165
13/10/1952 ...	142	5	17	19	159	24
10/11/1952 ...	111	19	17	27	128	46
8/12/1952 ...	163	15	12	31	175	46

W.U. — Wholly unemployed.

T.S. — Temporarily stopped (Short-time workers).

There has been a gradual drop in the wholly unemployed register each month apart from the pre-Xmas period when there was a rise of 47. Short-time working prevailed until June and since then there has been a gradual decrease.

The Resettlement Officer has dealt with a large number of disablement cases and 77 disabled persons have been satisfactorily resettled.

Housing.

For housing inspection statistics see Chief Sanitary Inspector's Report, page 98.

I am indebted to Mr. J. Fogden, Borough Architect and Buildings Surveyor, for the following statistical information.

The number of houses completed in the borough during the year by private enterprise was 25 and the number completed by the Corporation was 232.

Houses built by private enterprise :—

1946	...	...	...	...	31
1947	...	...	...	...	34
1948	...	...	...	...	14
1949	...	...	...	...	13
1950	...	...	...	...	13
1951	...	...	...	...	21
1952	...	...	...	...	25

Houses built by local authority :—

1946	...	...	...	...	111
1947	...	...	...	...	161
1948	...	...	...	...	149
1949	...	...	...	...	94
1950	...	...	...	...	172
1951	...	...	...	...	246
1952	...	...	...	...	232

The number of houses completed by the Corporation in 1952 comprised 6 four-bedroom traditional type brick houses, 82 three-bedroom traditional type brick houses, 120 two-bedroom traditional type brick houses, 18 one-bedroom bungalows, 3 one-bedroom flats, 3 two-bedroom flats.

In addition four houses were completed for occupation by members of the police force, and one house for occupation by an employee of the Parks Committee.

Improved solid fuel heating appliances, approved by the Ministry, have been installed in 937 of the Corporation houses completed since the war to the 31st December, 1952.

Blind Persons.

Mr. B. C. Amies, Chief Officer of Welfare Services has kindly supplied the following information :—

The number of persons on the blind Register on 31st December, 1952, was 139, as shown in the following table :—

Ages				Partially Blind			Totally Blind		
				Males	Females	Total	Males	Females	Total
Under 5	...	...	...	—	—	—	—	—	—
5—15	...	...	...	1	—	1	—	—	—
15—20	...	...	...	1	—	1	—	—	—
20—30	...	...	...	2	1	3	—	2	2
30—40	...	...	...	4	2	6	1	—	1
40—50	...	...	...	8	5	13	1	—	1
50—60	...	...	...	7	12	19	2	1	3
60—70	...	...	...	10	15	25	2	1	3
Over 70	...	...	...	30	27	57	3	1	4
Totals	...	...	...	63	62	125	9	5	14

**GENERAL PROVISION OF HEALTH
SERVICES FOR THE AREA**

Public Health Officers.

Particulars of the Public Health Officers, together with information as to their qualifications, are set out on pages 4, 5 and 6.

Laboratory Facilities.

All specimens are sent to the Public Health Laboratory Service, Wakefield.

Promotion of Cleanliness.

Cases of uncleanness are dealt with at the cleansing station attached to the Municipal Buildings, Halifax Road, Dewsbury.

During 1952, there were no cases of head lice and one case of scabies amongst pre-school children, and no cases of scabies amongst adults.

Orthopaedic Treatment.

During the year 6 pre-school children suffering from orthopaedic defects were seen by the Consultant Orthopaedic Surgeon at the School Clinic.

Ophthalmic Treatment.

During the year 8 pre-school children with defective vision were seen by the Consultant Ophthalmologist at the School Clinic.

Nursing Homes.

There are no nursing homes registered or known to exist in the County Borough area.

Treatment Centres and Clinics at end of 1952.

The following is a list of Treatment Centres and Clinics in the Borough :—

	Place	Time
Child Welfare Clinics	Westborough Methodist Schoolroom, Green Lane Whitley Methodist Schoolroom Heaton Lodge, Earlsheaton Chidswell Methodist Chapel, Shaw Cross	Monday, 2 p.m. Alternate Mondays at 2 p.m. Tuesdays at 2 p.m. Alternate Tuesdays at 2 p.m.
	Health Dept., Municipal Buildings, Halifax Road	Wednesday 2 p.m. Saturday 10-30 to 11-30 a.m. (for foods only). Thursday 2 p.m. Friday 2 p.m.
Ante-Natal Clinics	Thornhill Council Offices Ravensthorpe Council Offices Moorlands Maternity Home	Monday 10-30 a.m. Monday 2 p.m. Wed. 10-30 a.m. Wednesday 2 p.m. Thurs. 2 p.m. Friday 10-30 a.m.
	Thornhill Council Offices Moorlands Maternity Home	Thursday 10-30 a.m. By appointment. alternate Fridays 2 p.m.
Post-Natal Clinic	Heaton Lodge, Earlsheaton Moorlands Maternity Home	Mon., 2 p.m.
*Consultant Clinic	Moorlands Maternity Home	
Relaxation Classes	Health Dept., Municipal Buildings, Halifax Road	Thursday 2 p.m.
Dental Clinic (Maternity Cases)	Central Dental Clinic, 40, Leeds Road	By appointment
*Orthopaedic Clinic	School Clinic, Halifax Road	By appointment 2 p.m., 2nd Thursday in the month.
*Ophthalmic Clinic	School Clinic, Halifax Road	By appointment 9 a.m. to 12-30 p.m. Thursday
Diphtheria Immunisation	School Clinic, Halifax Road All Child Welfare Clinics	Saturday 9-30 to 11-30 a.m. Clinic day.
*Tuberculosis	Northfields House, Bath St.	By appointment alternate Mondays 5-30 to 7 p.m. Thursday 2 to 4 p.m.
*Venereal Diseases	Dewsbury General Hospital	Daily. Medical Officer attends :— Monday 1-30 to 4 p.m. Thursday 10 to 12 noon. Friday 5 to 7 p.m.

*Attended by Medical Officers of the Regional Hospital Board.

National Assistance Act 1948, Section 47.

This section empowers the authority on certification by the Medical Officer of Health to require the removal to hospital or other suitable premises subject to approval by a court, of a person who

- (a) is suffering from grave chronic disease, or being aged, infirm or physically incapacitated, is living in insanitary conditions, and
- (b) is unable to devote to himself-herself, and is not receiving from other persons, proper care and attention.

Although several cases were visited by the Medical Officer of Health with the object of using this section, it was found that personal persuasion was sufficient to effect the removal.

Nursery and Child Minders Regulations Act, 1948.

No applications were received during the year for registration under this Act.

**SANITARY CIRCUMSTANCES OF THE
AREA**

WATER.

Mr. D. E. Strachan, Water Engineer and Manager, has kindly supplied the following details of the public water supply in respect of the year ended 31st December, 1952.

Dewsbury County Borough receives water in bulk from three sources, namely :—

1. The works of the Dewsbury and Heckmondwike Waterworks Board.
2. The Corporation of Bradford.
3. The Corporation of Halifax.

Dewsbury Corporation is not responsible for production and treatment of Halifax and Bradford supplies, but is indirectly responsible in that respect for the Board water, being the larger partner in the Dewsbury and Heckmondwike Waterworks Board.

In 1952, the proportions of water from each source were :—

- | | |
|---|-----|
| 1. Dewsbury and Heckmondwike Waterworks Board | 70% |
| 2. Bradford Corporation | 18% |
| 3. Halifax Corporation | 12% |

There has been no change in the source of supply or method of distribution. New water mains have been laid to the Corporation housing sites at Chickenley Lane and Wakefield Road. Small extensions to existing mains have been made to private building sites.

No new constructional works have been done but the Soothill Reservoir at Foxroyd, which has been out of commission for some years, owing to mining subsidence, has been repaired satisfactorily.

All houses in the area, except for a few isolated cottages, are supplied from public water mains direct to the houses, with no standpipe supplies.

The rate of consumption per person in 1952 was 23·1 gallons per day for domestic purposes including small trade users, and 28·0 gallons per day for measured trade supplies.

The chemical analyses of the waters supplied to the consumer do not show the water to have any liability to plumbo-solvent action.

No contamination has taken place nor has any been suspected.

The Dewsbury and Heckmondwike joint supply is treated by the addition of slaked lime and chlorine ; the second and third supplies are treated by their respective authorities and details of treatment are not available.

No restriction of supplies was made during the year 1952.

Public Water Supply — Bacteriological Analysis.

	COLLECTION SIDE					SUPPLY SIDE									
	PRE-TREATMENT					AFTER-TREATMENT									
	Streams		Reservoirs			Reservoirs					Depots		Household	TOTAL	
Stream Supply at Dunford Reserv.	Upper Windeden Reserv. Stream	Broadstone Reserv.	Harden Reserv.	Upper Windeden Reserv.	Whitley Reserv. Inlet	Whitley Reserv. Outlet	Staincliffe Gauge Basin	Gawthorpe Reserv.	Squirrel Hall Reserv.	Edge Top Pump House	R'thpe. Meter House	Batley Carr Depot	House Taps		
Presumptive B. Coli. per 100 ml.															
0 (Highly Satisfactory)			7			53	50	53	48	53	53	47	53	17	427
1-2 (Satisfactory)			3				3		3			1			7
3-10 (Suspicious in Chlorinated Supply)			1						2			5			7
Greater than 10 (Unsatisfactory in Chlorinated Supply)															
TOTALS			12			53	53	53	53	53	53	53	53	17	441

• Analyses made by Dewsbury Analytical Services.
Remainder were analysed by Public Health Laboratory Service, Wakefield.
The taking of house tap samples is arranged so that all the sources of bulk supply are investigated.

SEWERAGE AND SEWAGE DISPOSAL.

Mr. E. H. Staynes, Sewage Works Manager, has kindly supplied the following information :—

There are three sewage purification works serving the County Borough, situated at Mitchell Laithes, Ravensthorpe and Smithy Brook, dealing with daily dry weather flows of 6,350,000, 1,000,000 and 25,000 gallons respectively. The former works deals also with the sewage from two neighbouring Authorities namely Batley Municipal Borough and Mirfield Urban District Council, and these Authorities contribute approximately one-half of the flow delivered at Mitchell Laithes.

The treatment plant at Mitchell Laithes is overloaded to a considerable extent and, although every endeavour is made to produce satisfactory results, it will not be possible to satisfy the requirements of the Yorkshire Ouse River Board until extensions to the works have been carried out.

Following the Ministry of Housing and Local Government Inquiry, held on 3rd October, 1951, into the Corporation's application for loan sanction of £250,000 for extensions to the Mitchell Laithes Sewage Works, a sum of £59,000 has now been sanctioned for the first stage of these extensions.

Results of treatment of sewage at Ravensthorpe and Smithy Brook Sewage Works have given no cause for complaint.

Mr. J. S. G. Holmes, Borough Engineer and Surveyor, has furnished the following information with regard to sewerage :—

The only extension to the sewerage system during 1952 consisted of the sewerage (foul and surface water) of the Wakefield Road Housing Site. Concurrently with this, the portion of the Chickenley Beck continuous with the site was culverted.

Schemes have been prepared, or are in course of preparation, for new surface water sewers at Edge Top, Overthorpe Road, and Chickenley. Following the withdrawal of a tender previously accepted, a contract for the culverting of that portion of Pildacre Beck co-extensive with the Chickenley Housing Site will shortly be re-advertised.

RIVERS AND STREAMS.

The information in this section has been kindly contributed by Mr. M. Lovett, Chief Inspector, Yorkshire Ouse River Board, Leeds :—

The Yorkshire Ouse River Board is the authority responsible for dealing with matters relating to pollution prevention, land drainage and fishery interests, so far as the River Calder and its tributaries are concerned.

The River Calder and its tributaries receive along their entire length effluents from an almost unbroken chain of sewage works and manufactories. The problem of preventing pollution is complicated owing to the small normal flow in proportion to the volume of effluents which discharge into the river. At Kirkthorpe Weir, Wakefield, the dry weather flow is normally about 95 million gallons per day, but during the drought of 1949 the dry weather flow was often as low as 50 million gallons per day. Of the flow of 95 million gallons, one-third can easily be accounted for by effluents from sewage works. In addition, there are millions of gallons of treated trade effluents discharged to the river and its tributaries, so that the amount of used water in the river is at least 50% of the total. If it were not for the compensation water from reservoirs of water undertakings there would be little clean dilution water reaching the river during droughts.

The Board give assistance where aid is sought, to manufacturers, particularly in respect of new industries which give rise to waste liquids requiring special treatment. The Board is of the opinion that the most efficient and economical means of dealing with trade effluents is by draining them, where practicable, into the sewers for treatment at the sewage works of the local authorities.

During the year ended 31st December 1952, there has been little change in the condition of the River Calder and its tributary streams where they enter the Dewsbury County Borough area.

There has been an improvement in regard to the progress with the extensions at the Huddersfield County Borough Sewage Works following further deliveries of the necessary steel.

Many schemes for improved methods of dealing with sewage and industrial effluents are contemplated, but the carrying out of these schemes is dependent on the Government's capital expenditure programme. The sewerage scheme for dealing with sewage and trade effluents in the Colne Valley has been submitted to the Ministry of Housing and Local Government.

Work has been carried out which has reduced considerably the discoloration of the water in the Spennings River by chemical effluent.

The Dewsbury (Batley) Beck has been maintained in its improved condition, but nothing has been done within the County Borough regarding the cleaning out of deposited solids.

Following the Ministry of Housing and Local Government Inquiry, held on 3rd October, 1951, into the Corporation's application for loan sanction of £250,000 for extensions to the Mitchell Laithes Sewage Works, a sum of £59,000 has now been sanctioned for the first stage of these extensions..

The River Board is concerned at the rise in river water temperature brought about by the discharge of heated condensing water from electricity generating stations. One water cooling tower at the Thornhill Power Station, which is within the County Borough area, is almost completed, and work has been started on the foundations of a second tower.

SWIMMING BATHS.

Mr. R. H. Betts (Baths Superintendent) has supplied the following information :—

There are two swimming baths, each of 52,500 gallons capacity, owned by the Corporation and situated in Wellington Road, Dewsbury.

The only remedial baths in operation are Turkish, Russian, Vapour, Zotofoam, and Q-Ray Baths which are given without a medical certificate.

The Water Purification and Filtration Plant deals with the water at the rate of 33,000 gallons per hour with a turnover of approximately $3\frac{1}{4}$ hours, sterilisation of the water is carried out by an M.S.P.C.M. type solution feed vacuum chlorinator, also an automatic vacuum chemical solution feeder. The chlorinator introduces to the water a regulated dose of liquid chlorine whilst the chemical feeder introduces a regulated dose of soda ash. In order to precipitate the water in the filters small quantities of aluminoferric are added from time to time.

The dose of chlorine required varies with the degree of pollution of the water and, of course, the number of bathers. It is found, however, that in order to maintain a high standard of purity, it is necessary to inject sufficient chlorine to give a reading by ortho-toluidine test of 1.50 to 3 parts per million ; should, however, the bathing load be exceptionally heavy, then a heavier dose of chlorine, up to 10 parts per million, is administered when the bath is closed and the pool is left undisturbed overnight. Should it be found next morning that the chlorine has not disappeared entirely the excess or surplus can easily be removed by an injection of sodium thio-sulphate.

In order to keep a p.H. value of 7.4 to 8 as may be desired a regulated dose of soda ash solution is added to the water.

Examination of the water is carried out morning and afternoon and is done by a lovibond comparator using ortho-tolidine reagent for chlorine, and phenol red for alkalinity.

The Sanitary Department take samples of water periodically for bacteriological and chemical tests.

The Baths are very well attended and used extensively by the school children, and the proficiency in swimming by the children and others is of a very high standard.

NATIONAL HEALTH SERVICE ACT

1946

CARE OF MOTHERS AND YOUNG CHILDREN.

(National Health Service Act, 1946—Section 22).

ANTE-NATAL CLINICS.

There are three ante-natal clinics in the Borough administered by the Corporation, these are situated at Moorlands Maternity Home, Thornhill Council Offices, and Heaton Lodge, Earlsheaton.

Staincliffe General Hospital, Dewsbury, have a maternity wing and Dewsbury mothers are admitted on recommendation from the Medical Officer of Health. Staincliffe administer their own ante-natal and post-natal clinics.

The Corporation ante-natal clinics provide ante-natal care for all mothers, Dewsbury residents and non-residents, confined in Moorlands Maternity Home and for Dewsbury mothers having domiciliary confinements.

The following table shows the attendance at the Corporation ante-natal clinics during 1952 :—

	<i>First Attendances</i>	<i>Subsequent Attendances</i>	<i>Total Attd.</i>
Moorlands Maternity			
Home Cases :			
Dewsbury mothers ...	499	3467	3966
Non-residents ...	218	1475	1693
Domiciliary Cases :			
Dewsbury mothers ...	194	708	902
Totals ...	911	5650	6561

Routine blood tests are taken from every patient, these are sent to Leeds Blood Transfusion Centre for Group and Rhesus tests, and to Public Health Laboratory Service, Wakefield, for Wasserman and Kahn tests.

During 1952 the number of tests carried out were as follows :—

Rhesus Tests.

Dewsbury patients :	Rh positive	...	...	...	306
	Rh negative	...	...	...	61
	Rhesus cde/	...	...	...	7
	Repeat Rhesus tests	...	...	...	280
	Repeat Rhesus tests with anti-bodies	...	...	...	12
Number of Rhesus tests on husbands of Dewsbury patients					66

Wasserman and Kahn Tests.

Number of Wasserman and Kahn tests on Dewsbury patients 674

Haemoglobin Findings.

Haemoglobin estimations are taken as routine from every patient and during the year 706 tests were taken. These examinations were carried out at the laboratory of the Dewsbury General Hospital.

Pregnancy Tests.

During 1952, one pregnancy test was made, this was positive.

POST-NATAL CLINIC.

The Post-Natal Clinic administered by the Corporation is held at Moorlands Maternity Home and as in the case of the ante-natal clinics, it is attended by non-residents confined in Moorlands Maternity Home as well as by Dewsbury Mothers.

The following table gives details of attendances during 1952 :—

	<i>First Attendances</i>	<i>Subsequent Attendances</i>	<i>Total Attd.</i>
Dewsbury mothers ...	357	54	411
Non-residents ...	166	15	181
Total ...	523	69	592

Ante-Natal Relaxation Classes.

The relaxation classes did not commence until July this year due to the absence of the Physiotherapist.

These classes are held at the Infant Welfare Centre, Municipal Buildings, Halifax Road, Dewsbury, and during the period July to December, 1952, 326 attendances were made.

ANTE-NATAL AND POST-NATAL CLINICS—

STAINCLIFFE GENERAL HOSPITAL.

The number of attendances by Dewsbury mothers at the ante-natal and post-natal clinics at Staincliffe during 1952 were as follows :—

Ante-Natal :	First Visits	... 144
	Subsequent Visits	260
Post-Natal :	First Visits	... 88
	Subsequent Visits	Nil

INFANT WELFARE CLINICS.

Attendances at Infant Welfare Clinics were as follows :—

Clinic	Under one year		Over one year		Cases seen by M.O.
	First	Subsequent	First	Subsequent	
Dewsbury	186	1667	6	422	383
Thornhill	117	1565	2	327	287
Ravensthorpe	152	1995	4	504	351
Earlsheaton	130	1694	9	646	370
Shaw Cross	19	337	4	164	65
Whitley	1	49	—	23	—
Westborough	62	865	4	241	164
TOTALS	667	8172	29	2327	1620

The number of infants attending for the first time under one year of age was 74.4% of the number of infants born during the year, a decrease of 3.9% on the 1951 figure.

The amount of Milk Foods distributed at these centres was 26,461 lbs.

The clinics are well patronised and during the year 1,658 children attended these centres.

Vitamin Supplements.

Fruit Juices and Cod Liver Oil are distributed through the Child Welfare Clinics.

Cod Liver Oil and also Vitamin Tablets are obtainable free of cost. Mothers may obtain orange juice at 5d. per bottle.

The "take-up" of these supplements expressed as a percentage of "potential" is set out below. From these figures it can be seen that the "take-up" generally is very poor.

Take-up as Percentage of Weekly Potential :—

	Orange Juice	Cod Liver Oil	Vitamin Tablets
Dewsbury	33.3	25.0	40.6
East & West Ridings	33.1	24.6	35.7

The Food Executive Officer, Batley, has kindly supplied these figures.

DENTAL SERVICE.

Report by the Senior Dental Officer—J. R. Tuxford.

Dental treatment was again available for expectant and nursing mothers and pre-school children as in previous years.

This year, treatment was commenced at the clinic at Northfields House, Halifax Road, which was manned single-handed. Work on the new premises at 40 Leeds Road, was in operation, and nearing completion, and we moved there on March 3rd.

More space being available it was decided to recruit additional staff, if possible. Permanent officers were not available, so local practitioners were circularised and the services of two, on a part-time basis were secured.

Whilst part-time assistance is a help, it does not cover the needs as full-time would. However, when full-time staff become available we now have the necessary means to increase the scope of the service without any waiting period.

The percentage of mothers requiring dentures is slightly increased (29% in 1951, 34% in 1952), the dentures being provided free of charge, and arrangements for their fabrication are by contract with an outside laboratory. There is space available in the new premises for a dental laboratory, but until we are fully staffed it is more economical to contract out.

The oral condition of expectant and nursing mothers is average, no better or worse than in previous years. I think that the apprehension to dental treatment is being gradually overcome both in the case of mothers and young children. Quite frequently mothers make inquiries concerning treatment on behalf of other children in the family, and the methods of ensuring that they should have a sound dentition.

We have been able, this year, to increase the number of general anaesthetics by reason of the fact that two dental surgeons are present during some sessions. This is a great help, for it cuts down the number of visits necessary, and leaves more time for other types of treatment.

Facilities for X-ray examination are available, and all treatment is free for expectant and nursing mothers until the child is one year old.

Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	117	115	134*	101
Children under five	81	81	79	63

*19 cases examined in 1951 are included in this figure as they were either treated, or treatment was completed, in 1952.

Forms of dental treatment provided.

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	409	79	24	228	75	—	64	12	44	24
Children under five	138	33	26	2	1	13	—	—	—	—

MATERNITY AND CHILD WELFARE DENTAL SERVICE, 1952.—STATISTICAL SUMMARY.

	Expectant and Nursing Mothers	Pre-School Children
Actually inspected ...	117	81
Selected for treatment ...	115	81
Appointments made ...	507	79
Appointments kept ...	418	78
Casual attendances ...	30	43
Total attendances for treatment ...	448	121
Number of fillings ...	228	2
Number of teeth filled ...	212	2
Number of Extractions ...	409	138
Number of local anaesthetics ...	79	33
Number of general anaesthetics ...	24	26
Number of teeth extracted under general anaesthetic ...	236	70
Other operations to teeth and gums ...	139	2
Other operations denture work ...	230	—
Number of dentures fitted ...	68	—
Number of patients supplied with dentures ...	40	—
Number of silver nitrates ...	—	13
Number of dressings ...	64	—
Number of X-ray examinations ...	12	—
Number of patients made dentally fit	101	63

DAY NURSERIES.

Eightlands Day Nursery.

This nursery was open on 251 days. The attendances were as follows :—

Age.	0—1 yr.	1—2 yrs.	Over 2 yrs.	Total.
Attendances ...	1182	3533	1934	6649

The number of approved places is 35 and the average attendance was 26.5.

22 children were affected by measles, 5 by whooping cough, 3 by chickenpox, 1 by gastro-enteritis and 1 by mumps. There were no cases of diphtheria.

The maximum attendance was 44 (8 under 1 year of age and 36 over 1 year) and the minimum attendance was 3 (1 under 1 year of age and 2 over 1 year). The nursery was closed for one holiday week but was not closed on account of infectious disease.

Low attendances were experienced during August due to an outbreak of measles.

There were 38 children on the rolls at the end of the year, all the mothers concerned were working full-time.

At the end of the year the nursing staff numbered 9 and was comprised as follows : Matron, Deputy Matron, Staff Nurse, and 6 Nursery Assistants.

During the year this nursery has been redecorated and minor alterations have been carried out.

Ravensthorpe Day Nursery.

This nursery was open on 251 days. The attendances were as follows :—

Age.	0—1 yr.	1—2 yrs.	Over 2 yrs.	Total.
Attendances ...	1130	4013	1507	6650

The number of approved places is 35 and the average attendance was 26.5.

Sonne dysentery affected 15 children, whooping cough 5, measles 3, german measles 3, mumps 2, impetigo 1, and pneumonia 1. There were no cases of diphtheria.

The maximum attendance was 37 (7 under 1 year and 30 over 1 year) and the minimum attendance was 6 (1 under 1 year and 5 over 1 year). The nursery was closed for one holiday week but was not closed on account of infectious disease.

Low attendances were experienced during the early part of the year due to dysentery and mothers working short-time owing to the slump in the textile trade.

There were 40 children on the rolls at the end of the year, 39 of the mothers concerned were in full-time employment.

At the end of the year the nursing staff numbered 12, comprised as follows :—Matron, Deputy Matron, Staff Nurse, 4 Nursery Assistants and 5 Nursery students.

In both nurseries the meals are prepared and cooked on the premises and served to the children at the following times :—

Breakfast	...	8-30 a.m.
Lunch	...	11-30 a.m.
Tea	...	3-30 p.m.

Two-thirds of a pint of milk, Cod Liver Oil or Virol, and orange juice are given daily.

The gross cost of the two nurseries for the year ended 31st March 1953 was £14,214 ; parental contributions being £674.

Daily Minders.

There were no daily minders receiving fees from the authority under Section 22 of the National Health Service Act 1946, at the end of the year.

Mother and Baby Homes.

There are no Mother and Baby Homes provided by the authority, but approval was given for one expectant mother to be sent to a home, payment being made by the authority on an ad hoc basis.

Illegitimate Children.

The authority do not employ themselves or in combination with another local health authority, a Social Worker for the purpose of Circular 2866.

The mothers of illegitimate children are visited by the Health Visitors, who offer advice on the care of, and the services available for such children.

MIDWIVES SERVICE.

(National Health Service Act 1946—Section 23).

The following table gives a summary of the work carried out by the Municipal Midwives during the year.

In addition the midwives attended 623 maternity cases who were discharged before the fourteenth day from Moorlands Maternity Home and Staincliffe General Hospital.

Domiciliary Midwifery—1952.

District	Booked during 1951 Undelivered at end of year	Booked during 1952	Total Bookings	Delivered during 1952 (excluding miscarriages, abortion, still-births, &c.)	Cases of Miscarriage including abortions	Patients transferred to hospital	Patients left district	Patients not pregnant	Delivered by a doctor	Still-births	Patients undelivered at 31st December, 1952	Total to agree with Total Bookings	Medical Aids	Gas & Air		Patients receiving ante- natal care from own doctor	Patients having no ante- natal care
														As Midwife	As Maternity Nurse		
I.	16	67	83	55	—	6	1	—	—	4	17	83	7	49	—	46	2
II.	9	69	78	62	—	1	2	—	—	—	13	78	4	50	—	26	—
III.	19	43	62	43	—	5	3	—	1	1	9	62	3	28	—	21	—
IV.	19	44	63	33	—	13	1	—	1	—	15	63	—	24	—	16	1
TOTALS	63	223	286	193	—	25	7	—	2	5	54	286	14	151	—	109	3

Hospital Midwifery.

The work of the two local maternity units in respect of Dewsbury mothers is shown in the following table :—

	Moorlands Maternity Home	Staincliffe General Hospital
Number of Dewsbury mothers admitted and delivered	*475	206
Number of Dewsbury mothers who had twins ...	7	3
Number of Dewsbury babies born :		
(a) alive and still-born	482	209
(b) still-born	12	8
Number of Dewsbury mothers refused admission ...	67	—
Number of Dewsbury emergency admissions :		
(a) social	—	1
(b) medical	3	13
Number of Dewsbury babies who were premature on birth weight :		
(a) born alive	29	18
(b) still-born	2	7
(c) born before admission	2	—

*Includes 6 mothers delivered before admission.

The 67 Dewsbury mothers who could not be admitted to Moorlands on account of full booking, were subsequently admitted to Staincliffe Maternity wing.

HEALTH VISITING.

(National Health Service Act 1946—Section 24).

During 1952 the health visitors paid 609 visits to expectant and nursing mothers, 4,966 visits to children under one year of age, and 8,062 visits to children between the ages of one and five. Other visits, *i.e.*, visits re stillbirths, infectious diseases, etc., totalled 953.

The health visiting staff numbered 6 at the end of the year, of these five are fully qualified, and 1 is an approved health visitor.

Summary of Visits by Health Visitors—1952.

District No.	First Visits		Subsequent Visits		Visits to Mothers		Visits re Still-Births	Visits re Infectious Disease	Other Visits	Total
	0—1	Over 1	0—1	Over 1	Expectant	Nursing				
I.	113	—	369	951	58	6	2	31	45	1575
II.	91	—	448	1120	44	—	—	3	321	2027
III.	229	—	669	1167	40	—	—	61	54	2220
IV.	157	—	561	1282	74	—	2	64	61	2201
V.	137	8	544	1396	79	3	—	102	45	2314
VI.	69	5	508	943	122	124	3	33	27	1834
VII.	98	2	594	605	13	—	—	4	27	1343
VIII.	105	2	274	581	15	31	—	52	16	1076
TOTALS	999	17	3967	8045	445	164	7	350	596	14590

HOME NURSING.

(National Health Service Act 1946—Section 25).

The Corporation are entirely responsible for the home nursing service and at the end of 1952 five whole-time and four part-time nurses were employed on home nursing duties.

The following tables show the number of cases nursed during 1952.

Statement of Cases Nursed, January 1st to December 31st, 1952.

Type of Case	Male		Female	
	No. of Patients	Visits	No. of Patients	Visits
Eye	1	41	—	—
Cardiac	30	698	34	996
Carcinoma	18	504	48	840
Hemiplegia	31	817	66	2160
Tuberculosis	30	642	11	438
Diabetic	2	369	28	4268
Pneumonia	14	180	13	100
Dressings, Scalds, Burns, &c. ...	28	1039	40	977
Bronchitis	14	258	18	256
Rheumatoid Arthritis	2	33	22	1281
Other Cases	101	1148	215	3124
Totals	271	5729	495	14440

	Children over 1 year and under 16 years		Children under 1 year	
	No. of Patients	Visits	No. of Patients	Visits
Pneumonia	2	13	—	—
Circumcision	29	138	42	219
Bronchitis	3	33	—	—
Worms	6	15	—	—
Others	21	164	2	41
Totals	61	363	44	260

	No. of Cases brought forward	New Patients	Discharged Convalescent	Transferred to Hospital	Left District	Died	Remaining on books	Visits to Patients	
								Men	Women & Children
Male Nurses	17	340	233	42	2	58	22	5472	562
Female Nurses	90	424	248	54	1	103	110	257	14501
Totals	107	764	479	96	3	161	132	5729	15063

Total Visits by Male Nurses ... 6,034

Total Visits by Female Nurses 14,758

Grand Total ... 20,792

VACCINATION AND IMMUNISATION.

(National Health Service Act 1946—Section 26)

Immunisation.

The number of children immunised during the year was 763 ; of these 648 were between 0 and 5 years, and 115 between 5 and 15 years, whilst the number aged less than 1 was 338 representing only 35% of the number of babies born in the previous year.

It is estimated that the number of children in the Borough immunised at the end of 1952 was 44·7% of those between 0 and 5 years and 77·7% of those between 5 and 15 years, compared with 43·2% and 73·6% respectively at the end of 1951.

The number of immunisations carried out since 1935 when immunisation against diphtheria was first practised in Dewsbury are as follows :—

1935	...	77
1936	...	10
1937	...	76
1938	...	26
1939	...	19
1940	...	1680
1941	...	1865
1942	...	1350
1943	...	1675
1944	...	751
1945	...	615
1946	...	526
1947	...	899
1948	...	758
1949	...	673
1950	...	624
1951	...	586
1952	...	763

These 763 immunisations include 402 children who have received combined A.P.T. and Whooping Cough vaccine (Glaxo) in doses of .5, .5 and 1 c.c. at monthly intervals. Private doctors immunised 134 of the children against diphtheria and 58 against diphtheria and whooping cough (combined prophylactic).

In addition, during the year 741 children received one single boosting dose ; 705 of these children were between 5 and 15 years and 36 were under 5 years.

Vaccination.

The following are the figures of vaccination against smallpox :—

Under 1	1—4	5—14	15 & Over	Total
176	25	7	20	228

These figures show an improvement over the figures for the previous year, when a total of 195 vaccinations was made.

In addition to the foregoing total of 228 vaccinations, there were 39 re-vaccinations during the year.

In spite of the slight improvement, the number of infants being vaccinated is meagre and does not confer any degree of protection upon the community in general.

AMBULANCE SERVICE.

(National Health Service Act, 1946—Section 27).

The total number of vehicles at the end of the year was 5 Ambulances and 3 Sitting Case Cars.

The personnel employed numbered 14 and were under the immediate direction of Mr. L. Banham, the Council's Transport Manager.

The following table shows the work done by this service during the year :—

		Total No. of Journeys	No. of Accident and other Emergency Calls	Total No. of Patients carried	Total Mileage
5 Ambulances ...		2422	284	5167	20914
3 Cars ...		5137	276	10430	48701
TOTALS	1952	7559	560	15597	69615
TOTALS	1951	9439	425	15441	70942

It will be noticed that there was an increase of 156 in the number of patients carried as compared with the previous year, and a decrease of 1,327 miles on the years mileage.

The comparative figures for mileage for the years 1949, 1950, 1951 and 1952 are as follows :—

	<i>Ambulances</i>	<i>Sitting-Case Cars</i>	<i>Total</i>
1949	29905	58604	88509
1950	30860	48849	79709
1951	24178	46764	70942
1952	20914	48701	69615

NUMBER OF REMOVALS													
	Accident and Emergency Calls			Booked Cases removed from Home to Hospital		Cases removed from hospital to :			Cases removed over 40 miles		Total Miles all Journeys	Total No. of Journeys	Total No. of Patients Carried
	Street	Works	Home	Mat Cases	Others	Home in Borough	Home out of Borough	Number	Mileage	Number			
AMBULANCES :													
January ...	13	6	4	1	175	167	13	109	1	40	1370	188	380
February ...	5	7	—	2	133	109	7	36	—	—	1448	177	263
March ...	16	7	3	4	177	161	15	121	—	—	1567	190	383
April ...	21	5	5	4	191	155	7	123	—	—	1511	195	388
May ...	10	6	—	2	179	248	6	92	3	88	2052	222	454
June ...	14	2	3	2	182	159	6	15	1	48	1515	187	369
July ...	21	11	4	1	207	332	25	77	1	40	2010	217	602
August ...	15	9	2	1	137	188	6	32	2	80	1511	151	360
September ...	8	8	4	3	175	265	3	49	—	—	1615	204	466
October ...	12	8	2	4	149	209	1	5	1	44	1707	188	386
November ...	14	5	9	3	185	233	3	34	2	111	2069	217	454
December ...	13	7	5	1	251	381	3	27	1	48	2539	286	662
TOTALS	162	81	41	28	2141	2607	95	720	12	499	20914	2422	5167
SITTING CARS :													
January ...	7	9	6	24	392	417	18	313	3	218	3841	415	876
February ...	6	5	—	22	415	435	4	37	2	60	4176	418	889
March ...	6	11	5	23	324	356	11	127	5	440	3846	385	741
April ...	11	3	7	16	396	400	10	86	3	235	3347	429	846
May ...	4	8	6	28	434	515	20	205	4	288	4912	501	1019
June ...	11	6	5	32	377	513	13	90	1	53	4175	458	958
July ...	14	6	8	15	410	436	11	100	4	296	4191	415	904
August ...	8	13	10	19	340	411	9	74	4	515	4048	386	814
September ...	9	7	9	16	365	468	16	150	3	148	4197	444	893
October ...	10	8	10	21	371	505	14	129	4	340	4418	491	943
November ...	8	10	5	21	308	410	4	49	1	56	3663	416	767
December ...	12	7	6	15	316	405	14	149	5	301	3887	379	780
TOTALS	106	93	77	252	4448	5271	144	1509	39	2950	48701	5137	10430

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

(National Health Service Act 1946—Section 28).

Tuberculosis Visitor

The tuberculosis visitor who is responsible for the care and after-care of tuberculosis patients, attends the Dispensary Clinical session at the Dewsbury centre (Northfields House) twice a week and acts as clinical nurse.

Though the Regional Board have the responsibility of clinical care of the tuberculosis patients and control on behalf of the Minister, tuberculosis sanatoria, dispensaries and mass miniature radiography, the domiciliary medico-social care of the patient and the families is a duty of the local health authority.

The work of the Tuberculosis Visitor is set out below :—

Home Visiting.

Visits to new cases	...	...	...	...	...	10
Visits to patients under domiciliary treatment	...	...	...	...	...	757
Visits to homes of patients in Sanatoria	...	...	...	...	...	85
Visits to contacts	...	...	...	...	...	346
Unsuccessful visits	...	...	...	...	...	49
Total						1247

Provision of Free Milk.

Number of patients supplied with milk during the year	67
Number of pints of milk supplied during the year ...	43,509

Convalescent Care.

More advantage is being taken of this scheme and during 1952, sixteen cases were afforded convalescent care.

Loan of Nursing Requisites.

Goods are loaned free of charge. A deposit is payable when the item of equipment is collected, this is returnable if the requisite is returned in good condition.

The demand for nursing requisites has grown considerably and loans of various items totalled 306 during the year against 172 in 1951.

Health Education.

Full use was made of the advisory and information service of the Central Council for Health Education.

All clinics display posters on health topics which are systematically changed.

During 1952 emphasis was on the prevention of accidents in the home, and reference is made to this in the Special Survey of Local Health Services on pages 24 and 25.

V.D. Social Work.

The Council joins with the West Riding County Council in providing the services of a V.D. Social Worker who is centred on Dewsbury General Hospital Special Treatment Centre.

Details of the work carried out by the social worker are set out below :—

Number of cases followed up as defaulters :—

Syphilis	...	39
Gonorrhoea	...	20
Non-venereal		19

Of the 39 cases of syphilis followed up 27 attended the treatment centre, 9 failed to attend and 3 were untraceable. Of the 20 cases of gonorrhoea followed up, 13 attended the treatment centre, 4 failed to attend and 3 were untraceable. Six of the non-venereal cases attended the treatment centre and 13 failed to attend.

Number of cases traced as contacts 19
(3 failed to attend the treatment centre)

Number of Dewsbury cases notified as alleged
sources of infection 3
(of whom two were traced and attended)

The total number of visits made for all purposes including attendances at clinic sessions was 421.

DOMESTIC HELP SERVICE.

(National Health Service Act, 1946—Section 29).

The demand for this service is still on the increase, the bulk of the demand being on the grounds of Old Age, Infirmary and Chronic Sickness.

The fractional system of employment is employed in as much as a home help attends a number of households in one week but does not split a morning or an afternoon for different households except in exceptional circumstances.

The following table shows the number of cases helped, etc., as compared with 1951 :—

Number of cases helped :	1952		1951	
	Part-time	Full-time	Part-time	Full-time
Maternity	10	41	—	36
Others	231	—	157	1
Total ...	241	41	157	37
Staff of Domestic Helps at :				
1st January	19	10	12	6
31st December	18	14	19	10
Number of hours worked ...	21643½	21796	15808½	12947

At the beginning of the year the Home Helps were paid at the rate of 1s. 10d. per hour on the 22nd September the rate was increased to 2s. 3d. per hour, and on the 1st December to 2s. 3½d. per hour. Uniform overalls are provided and travelling expenses are paid. Household equipment is available on loan where necessary.

MENTAL HEALTH SERVICE.

(National Health Service Act 1946—Section 51).

The Mental Health Sub-Committee is comprised of the Health Committee and meetings are held monthly.

No duties are delegated to voluntary organisations.

Care of Mental Defectives.

Institutional Provision.

At the end of 1952, there were 72 mental defectives from Dewsbury in Institutions. 39 were males and 28 females (plus 2 males and 3 females "on licence leave").

These defectives were housed as follows :—

	Males.	Females.
St. Catherine's Institution, Doncaster ...	16	22
Meanwood Park Hospital, Leeds.	1	2
Oulton Hall, Leeds	2	—
Castleburg Hospital, Settle	3	—
Grenoside Institution, Sheffield	7	—
Rampton State Institution	1	1
Rawcliffe Hall	—	1
Whixley Colony, York	3	—
Lemington Hall, Alnwick	—	1
Aycliffe Hospital, Darlington	1	1
Monkton Hall, Jarrow	2	—
Winestead Colony, Nr. Withernsea ...	1	—
Stansfield View, Todmorden	1	—
Westwood Institution, Bradford	1	—
	<u>39</u>	<u>28</u>

At the end of the year 5 males and 3 females were awaiting vacancies in institutions.

Guardianship.

There were 13 mental defectives under guardianship—8 males and 5 females.

Statutory Supervision.

There were 45 mental defectives under statutory supervision, 31 males and 14 females, and of these 28 were under school leaving age.

Education Act 1944, Section 57 and Education Act (Miscellaneous Provisions) 1948, Section 8.

Cases notified under Section 57 (3) 1 male

Cases notified under Section 57 (5) 2 males and 3 females.

Authorised Officers' Visits to Mentally Defective Persons.

	Men	Women	Children under 16	
			Male	Female
3-monthly visits	S.S. 48 G. 32	20 20	76 —	36 —
Other visits in regard to	S.S. 10	15	40	10
	G. 18	4	—	—
	L.L. 20	12	6	2
Not ascertained	2	1	6	4
TOTAL VISITS	130	72	128	52

S.S.=Statutory Supervision. G.=Guardianship. L.L.=Licence Leave.

Mentally Ill Persons.

The following table shows the number of cases in mental hospitals at 31st December, 1952 :—

<i>Name of Hospital</i>	<i>Certified</i>		<i>Voluntary</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Stanley Royd Hospital, Wakefield ...	19	2	6	7
Storthes Hall Mental Hospital ...	34	59	8	10
Burntwood, Staffs. ...	—	1	—	—
	53	62	14	17

Admissions and discharges to and from mental hospitals during the whole year are shown below:—

				Dewsbury Cases	Outside Cases
Admissions :					
Males :	Certified	...	...	6	2
	Voluntary	...	...	12	—
	Sec. 21	...	...	—	—
	Sec. 20	...	...	3	—
Females :	Temporary	...	...	—	—
	Certified	...	...	14	—
	Voluntary	...	...	11	2
	Sec. 20	...	...	7	3
	Temporary	...	...	—	—
				<u>53</u>	<u>7</u>
Discharges :					
Males :	Certified	...	...	5	1
	Voluntary	...	...	11	—
	Sec. 20	...	...	1	—
	Temporary	...	...	—	—
Females :	Certified	...	...	12	—
	Voluntary	...	...	15	—
	Sec. 20	...	...	1	—
	Temporary	...	...	—	—
				<u>45</u>	<u>1</u>

The above discharges include 17 deaths (7 males and 10 females).

Work of the Duly Authorised Officers.

In addition to their statutory duties under the Lunacy and Mental Treatment Acts they are responsible for the supervision of mental defectives and this includes supervision of, and making reports on, mental defectives out on licence from institutions.

Mentally Ill—Visits

	Male	Female
Visits in connection with cases certified ...	24	66
Visits in connection with cases admitted voluntary	30	33
Visits to cases in which action was taken under Sec. 20 L.A. 1890	12	28
Visits made but no action taken	10	7
TOTAL VISITS	76	134
Cases removed to Mental Hospital out of office hours	7	14

Mental Health Worker.

A Psychiatric Out-Patient Clinic is held at Dewsbury General Hospital. Dr. P. F. Fletcher is the Consultant Psychiatrist and the Mental Health Worker assists at this clinic.

A brief summary of the cases dealt with by the Mental Health Worker and under care at the 31st December, 1952, is given below :—

No. of cases under care at beginning of year	...	...	29
No. of cases referred during year	...	...	24
No. of cases discharged	...	...	30
No. of cases under care at end of year	...	...	23
No. of cases dealt with during year...	...	...	53

Classification by Diagnosis.

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Psychosis	4	6	10
Psychoneurosis	3	7	10
Psychopathic personality	—	1	1
Organic Reaction types	3	—	3
	10	14	24

Referring Agencies.

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Mental Hospital	1	1	2
Health Department Staff	—	1	1
Consultant Psychiatrist	3	5	8
Hospital Almoner	1	—	1
Citizen's Advice Bureau	—	1	1
Relatives	1	2	3
R.A.F. Hospital	1	—	1
	7	10	17

Referred for After-care.

The following table shows the number of cases discharged from mental hospitals and the number who were referred for after-care :—

	Number of cases discharged from hospital	Number of cases referred by the hospital for after-care
Storthes Hall Hospital	18	—
Stanley Royd Hospital	10	7
Totals	28	7

It is to be regretted that of the 18 cases discharged from Storthes Hall Hospital no cases were referred for after-care. This is very disturbing, especially in view of the fact that Dewsbury forms part of the catchment area of this hospital.

Out-Patient Clinic (Dewsbury General Hospital).

Sessions worked at out-patient clinic during year	...	49
New Dewsbury cases attending at Clinic	...	139
Old Dewsbury cases attending at Clinic	...	250

Child Guidance.

Sessions on Child Guidance Clinic duties	...	260
--	-----	-----

Visits and Interviews.

No. of consultations at office (patients, relatives, etc.)	224
No. of consultations at patients' homes, etc.	263

**PREVALENCE OF, AND CONTROL
OVER INFECTIOUS AND OTHER
DISEASES**

The Prevalence of Notifiable Infectious Diseases.
(Other than Tuberculosis).

Disease	Total Cases Notified	Finally so Diagnosed	Cases admitted to Hospital or occurring in Hosiptal	Total Deaths
Scarlet Fever	67	66	37	—
Diphtheria	2	—	2	—
Erysipelas	4	4	1	—
Puerperal Pyrexia	10	10	10	—
Ophthalmia Neonatorum ...	—	—	—	—
Pneumonia	23	22	—	20*
Measles	492	492	6	—
Whooping Cough	143	143	2	1
Typhoid and Para-typhoid	—	—	—	—
Food Poisoning	4	4	—	—
Dysentery	32	32	3	—
Cerebro Spinal Meningitis ...	4	4	4	1
Poliomyelitis	7	7	7	1
Anthrax	1	1	1	—
	789	785	73	23

*Some cases of pneumonia are not notifiable. The deaths from pneumonia are not related to the notifications.

DETAILS OF THE NOTIFICATION OF INFECTIOUS DISEASES OTHER THAN TUBERCULOSIS DURING THE TWELVE MONTHS OF THE YEAR 1952.

The number in brackets shew the number of cases in which a change in diagnosis was made.

Disease	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Scarlet Fever	1	3	9 (1)	6	8	4	3	1	4	6	10	12	67 (1)
Diphtheria	—	1 (1)	—	—	—	—	—	—	—	—	—	1 (1)	2 (2)
Erysipelas	1	—	—	—	—	—	—	—	—	—	3	—	4
Puerperal Pyrexia	—	1	1	—	—	—	1	—	2	2	2	1	10
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	1	1	1	2	—	1	7 (1)	1	5	—	4	23 (1)
Measles	3	—	—	3	43	64	158	103	19	32	15	52	492
Whooping Cough	65	12	13	12	12	8	2	4	3	2	3	7	143
Typhoid & Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	1	2	16	3	1	2	6	—	—	—	1	32
Cerebro Spinal Meningitis	—	1	—	2	—	—	—	—	—	—	—	1	4
Food Poisoning	—	—	—	1	—	—	3	—	—	—	—	—	4
Polio-myelitis	—	—	—	—	—	—	1	3	1	—	1	1	7
Anthrax	—	—	—	—	—	—	1	—	—	—	—	—	1
TOTALS	70	20 (1)	26 (1)	41	68	77	172	124 (1)	30	47	34	80 (1)	789 (4)

NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS. SHOWING AGE GROUPS.

The number in brackets shew the number of cases in which a change in diagnosis was made.

Disease	Under 1 year	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 & over	Totals
Scarlet Fever	—	1	6	10	13 (1)	37	—	—	—	—	—	—	67 (1)
Diphtheria	—	—	1 (1)	—	—	—	1 (1)	—	—	—	—	—	2 (2)
Erysipelas	1	—	—	—	—	—	—	1	—	1	1	1	4
Puerperal Pyrexia	—	—	—	—	—	—	—	—	6	3	—	—	10
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	1	—	1	—	3	3	—	—	6 (1)	4	—	23 (1)
Measles	14	46	74	85	69	199	5	—	—	—	—	—	492
Whooping Cough	15	21	23	19	19	46	—	—	—	—	—	—	148
Typhoid & Para-typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	—	—	—	—	—	—	—	1	1	—	2	—	4
Dysentery	3	9	8	3	3	4	—	—	—	1	1	—	32
Cerebro Spinal Meningitis	1	—	1	—	—	1	—	—	—	—	1	—	4
Poliomyelitis	1	1	—	—	1	1	1	—	2	—	—	—	7
Anthrax	—	—	—	—	—	—	—	—	—	—	1	—	1
TOTALS	36	79	113 (1)	118	105 (1)	291	10 (1)	2	9	11 (1)	11	5	789 (4)

Tuberculosis.

Total Number of Cases on Tuberculosis Register at the end of 1952.

	M	F.	Total
Pulmonary Tuberculosis	97	68	165
Non-Pulmonary Tuberculosis	39	39	78
	<u>136</u>	<u>107</u>	<u>243</u>

Summary in Age Groups.

Age	Pulmonary			Non-Pulmonary		
	M.	F.	Total	M.	F.	Total
0—5	1	1	2	1	1	2
5—15	4	1	5	12	6	18
15—25	11	10	21	9	14	23
25—35	28	23	51	8	7	15
35—45	25	22	47	5	8	13
45—55	15	3	18	3	3	6
55—65	6	5	11	1	—	1
65 upwards	7	3	10	—	—	—
Totals	97	68	165	39	39	78

Tuberculosis Mortality 1952.

Age Periods	Respiratory			Non-Respiratory		
	Male	Female	Total	Male	Female	Total
0—	—	—	—	—	—	—
1—	1	—	1	—	—	—
5—	1	—	1	—	—	—
15—	1	—	1	1	—	1
25—	2	3	5	—	—	—
45—	1	2	3	—	—	—
65—	—	1	1	—	—	—
TOTALS	6	6	12	1	—	1

Mortality from respiratory tuberculosis :—0.23 per 1,000 population.

Mortality from non-respiratory tuberculosis :—0.02 per 1,000 population.

Pulmonary Tuberculosis was voluntarily notifiable in Dewsbury from 1907 and compulsorily notifiable throughout the country from 1912. The following table shows the decline in the notifications and deaths from 1912 to the present time.

Tuberculosis.

Year	NOTIFICATIONS			DEATHS		
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Tot.
1912—1915 (average)	107·5	31·7	139·2	51·8	16·8	68·6
1916—1920 (average)	97·4	15·6	113	42·4	11·6	54
1921—1925 (average)	43·6	9·4	53	33·6	9·2	42·8
1926—1930 (average)	38·6	15·2	53·8	36·6	9·4	46
1931—1935 (average)	41·4	18·8	60·2	32·2	7·4	39·6
1936—1940 (average)	45	21·6	66·6	22·8	5·8	28·6
1941—1945 (average)	31·4	12·6	44	20·6	9·0	29·6
1946—1950 (average)	24·8	16	40·8	14	5	19
1936	42	23	65	24	12	36
1937	55	22	77	22	8	30
1938	51	29	80	16	6	22
1939	32	15	47	25	2	27
1940	45	19	64	27	1	28
1941	39	19	58	28	6	34
1942	31	4	35	19	15	34
1943	32	10	42	20	11	31
1944	29	11	40	16	5	21
1945	26	19	45	20	8	28
1946	20	12	32	11	5	16
1947	31	15	46	19	9	28
1948	22	18	40	13	5	18
1949	26	20	46	12	6	18
1950	25	15	40	15	—	15
1951	31	8	39	17	—	17
1952	25	9	34	12	1	13

Non-Pulmonary Tuberculosis Notifications.

Year	Cervical Glands		Bones & Joints		Abdomen		Meninges		Kidneys		Others		Total M & F
	M	F	M	F	M	F	M	F	M	F	M	F	
1943	1	1	4	1		2					1		10
1944	2	2	2	2				1			1	1	11
1945	4	7	1	4		2			1				19
1946	2	2	4	3			1						12
1947	1	7	1	4		1					1		15
1948	3	4	1	2	4	2	1				1		18
1949	5	3	3	1	4	1	2	1					20
1950	1	3	2								3	6	15
1951	3	3			1				1				8
1952	1	4				1					1	2	9

Dr. J. Viner, Chest Physician, has kindly contributed the following information with regard to the Tuberculosis Service in the Dewsbury County Borough during the year 1952.

Attendances at the Chest Clinic totalled 1,116 of whom 132 patients were referred for examination by General Practitioners. 32 of these people were diagnosed as suffering from tuberculosis (16 men and 2 women with a positive sputum).

102 contacts were examined for the first time during the year and one was found to have active disease. 3 Contacts who were previously under observation developed active Tuberculosis during the year. Two of these contacts are now in Sanatorium receiving treatment and one, a child, died with Tuberculous Meningitis.

During 1952, 13 patients died with tuberculosis and 12 people were removed from the Register as recovered. Total number of patients on the Tuberculosis Register at 31st December, 1952 was 243.

45 patients received treatment in Sanatorium during the year. 29 children were vaccinated with B.C.G. against tuberculosis.

Venereal Disease

Treatment of this disease was carried out at the Special Treatment Centre at Dewsbury General Hospital.

The following table shows the services rendered at the Treatment Centre during the year, classified according to the area in which the patients resided.

Name of County or County Borough	Dewsbury	West Riding	Total
Number of cases from each area :—			
Syphilis	7	11	18
Gonorrhoea	11	16	27
Other conditions	45	60	105
TOTALS	63	87	150

Food Poisoning.

The annual return of Food Poisoning Notifications required by the Ministry of Health for the year ended 31st December, 1952, is included below.

Appendix D (i)
Annual Return of Food Poisoning Notifications
(Corrected).

1. Local Authority—Dewsbury County Borough. Year—1952.
2. Food Poisoning Notifications (Corrected) Returned to R.G.

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total</i>
Nil	1	3	Nil	4
3. Outbreaks due to identified agents.

Total Outbreaks—Nil.
Total Cases—Nil.
4. Outbreaks due to undiscovered cause.

Total Outbreaks—Nil.
Total Cases—Nil.
5. Single Cases.

<i>Agent identified</i>	<i>Unknown Cause</i>	<i>Total</i>
Salmonella Typhimurium ... 3	1	4

Appendix D (ii)

Food Poisoning Outbreaks—Nil.

Cancer.

No. of Deaths from Cancer during 1952 (1951) ...	116 (106)
Rate per 1,000 population 1952 (1951) ...	2.19 (2.0)

Deaths from Cancer in Age Periods :—

	M.	F.	Total
Under 15 years	—	—	—
15 to 45 years	2	5	7
45 to 65 years	17	25	42
Over 65 years	35	32	67
	54	62	116

Sanitary Inspector's Department,
Municipal Buildings,
Halifax Road,
Dewsbury.

CHIEF SANITARY INSPECTOR'S REPORT, 1952.

*To the Chairman and Members of the Health Committee of the
County Borough of Dewsbury.*

MR. CHAIRMAN, MRS. FIELD AND GENTLEMEN,

I have the honour to submit for your consideration a review of the work of the Sanitary Department for the year 1952.

This Annual Report follows the pattern of previous years by giving statistical summaries of inspections and improvements under their respective headings.

The prevailing high cost of house repairs has become a hardy annual ; but there is no doubt that private properties are fast degenerating and many becoming totally unfit. Owners show increasing reluctance to comply with notices ; take more advantage of the escape clauses of the Public Health Acts ; and are more insistent on a strict legality in interpreting their obligations. The responsibility of owners to provide dustbins, for instance, remained unquestioned for many years but now we see this challenged throughout the whole country—with varying degrees of success.

The requests from owners to condemn their property by making demolition or closing orders are on the increase and undertakings not to re-let unfit houses are more readily given. The increased allocation of new houses, recently made by the Housing Committee, for re-housing people from insanitary dwellings is a very welcome feature of the year and will enable the worst houses to be dealt with on an increasing scale.

In presenting this Report I have to thank the Chairman and Members of the Health Committee for their support during the year. The duties of this Department of the Corporation, including as they do, all those set out in the Sanitary Officer's Order, other than Public Cleansing, have only been discharged with the help of the Medical Officer of Health and the loyal co-operation of the staff of Inspectors, Clerks and Workmen, to whom I would record my sincere thanks.

I am,

Your obedient servant,

H. HAWORTH, M.S.I.A.,

Chief Sanitary Inspector.

Staff.

The inspectorial staff consists of the Chief Sanitary Inspector with five District Sanitary Inspectors one of whom is appointed Deputy Chief Sanitary Inspector. All the Inspectors hold the statutory qualification for Sanitary Inspectors and the Certificate of the Royal Sanitary Institute for Meat and Other Food Inspection. In addition they hold qualifications which include

“Sanitary Science as applied to Buildings and Public Works.”

“Smoke Inspector’s Certificate.”

“Diploma in Public Administration.”

Three clerks and two van drivers/disinfectors (trained in rodent control) are also on the staff.

There was one vacancy at the end of the year for a District Sanitary Inspector.

SUPERVISION OF FOOD SUPPLIES.**Adulteration.**

Sampling at a rate of 150 samples a year is the suggested guide for a Food & Drugs Authority of the size of Dewsbury. However it has been the practise in the Borough to exceed this rate and during the year under review a total of 283 samples were taken—almost double the suggested rate.

Even so, this is less than the sampling rate of the last few years as is shown by the following tables. This reduction has been affected by taking advantage of the fact that an increasing number of milk retailers obtain their supplies ready bottled from central wholesale pasteurising plants; and of the fall in the number of ice cream manufacturers in the town. Discretion is being exercised in the sampling of branded goods retailed nationally as care is needed if duplication of sampling is to be avoided and an adequate public safeguard maintained.

Visits for the purpose of taking samples under the Food & Drugs Act totalled 211, of which 61 visits were in respect of formal samples and 151 for informal samples.

Number of samples taken during the past five years :—

Suggested					
Guide Rate	1948	1949	1950	1951	1952
150	432	424	356	372	283

Taking the population as 50,000 approximately, the rate per 1,000 equals :

Suggested					
Guide Rate	1948	1949	1950	1951	1952
3.0	8.6	8.5	7.1	7.4	5.6

The results of the analysis of samples :—

Milk :		1948	1949	1950	1951	1952
Number taken	...	111	122	201	182	148
Number adulterated	...	1	1	2	7	3
Percentage adulterated		0.90	0.82	1.00	3.78	2.02
Drugs :						
Number taken	...	22	31	12	2	11
Number adulterated	...	0	0	0	0	0
Percentage adulterated		0	0	0	0	0

**Samples of Food and Drugs sent to the Public Analyst for Examination
during the year 1952.**

Article	Samples Taken	Informal		Formal		Total	
		Genuine	Adult'd	Genuine	Adult'd	Genuine	Adult'd
Milk	148	96	2	49	1	145	3
Ice Cream	36	34	2	—	—	34	2
Other Food & Drugs :							
Beef Patty	1	1	—	—	—	1	—
Beef Sausage	12	11	—	1	—	12	—
Berry-Bright Tablets	1	1	—	—	—	1	—
Black Beer	1	1	—	—	—	1	—
Black Pudding	5	5	—	—	—	5	—
Brandy	2	—	—	2	—	2	—
Brawn	2	2	—	—	—	2	—
Camphorated Oil	1	1	—	—	—	1	—
Chicken Spread	1	1	—	—	—	1	—
Cough Sweets	1	1	—	—	—	1	—
Custard Flavouring	1	1	—	—	—	1	—
Digestive Peppermints	1	1	—	—	—	1	—
Dressed Crab	1	1	—	—	—	1	—
Epsom Salts	1	1	—	—	—	1	—
Fish Dressing	1	1	—	—	—	1	—
Fish Paste	1	1	—	—	—	1	—
Gin	1	—	—	1	—	1	—
Glycerine, Lemon and Honey	1	1	—	—	—	1	—
Gravy Salt	1	1	—	—	—	1	—
Ground Rice	1	1	—	—	—	1	—
Grox	1	1	—	—	—	1	—
Headache Powders	1	1	—	—	—	1	—
Horse Radish Sauce	1	1	—	—	—	1	—
Karsote Lozenges	1	1	—	—	—	1	—
Kidney Cure	1	1	—	—	—	1	—
Kidney Klensers	1	1	—	—	—	1	—
Kidney Pills	1	1	—	—	—	1	—
Luncheon Meat	1	—	1	—	—	—	1
Meat Pie	3	3	—	—	—	3	—
Mint	1	1	—	—	—	1	—
Mustard Sauce	1	1	—	—	—	1	—
Polony	7	7	—	—	—	7	—
Potato Crisps	1	1	—	—	—	1	—
Pork Pie	3	3	—	—	—	3	—
Pork Sausage	6	2	2	—	2	2	4
Potted Beef	1	1	—	—	—	1	—
Potted Meat	7	7	—	—	—	7	—
Potted Meat Paste	1	1	—	—	—	1	—
Rheumatic Tablets	1	1	—	—	—	1	—
Rum	2	—	—	2	—	2	—
Salmon Paste	1	1	—	—	—	1	—
Sauce	2	2	—	—	—	2	—
Sausage	5	5	—	—	—	5	—
Sausage Meat	1	1	—	—	—	1	—
Sherbo Fizz	1	1	—	—	—	1	—
Sparkle	1	1	—	—	—	1	—
Tinned Jam	1	1	—	—	—	1	—
Tinned Soup	2	2	—	—	—	2	—
Whisky	3	—	—	3	—	3	—
White Pepper	1	1	—	—	—	1	—
Yeast	2	2	—	—	—	2	—
Totals—							
Milk & Ice Cream	184	130	4	49	1	179	5
Other Food & Drugs	99	85	3	9	2	94	5
	283	215	7	58	3	273	10

Particulars of Adulteration.

No. of Sample	Article	Adulteration or Offence	
		Contained	Minimum Requirement
609	Ice Cream	3·75% fat	4·0%
655	Luncheon Meat	54·90% meat	80·0%
667	Milk	2·80% fat	3·0%
692	Ice Cream	3·85% fat	4·0%
745	Milk	2·96% fat	3·0%
751	Milk	2·14% fat	3·0%
769	Pork Sausage	49·20% meat	65·0%
789	Pork Sausage	60·20% meat	65·0%
825	Pork Sausage	60·40% meat	65·0%
827	Pork Sausage	60·70% meat	65·0%

Warnings were given to all the firms concerned.

INSPECTION OF MEAT AND OTHER FOODS.

Meat.

There is no public abattoir in Dewsbury and the town is dependent for its meat supply on animals killed outside the Borough. The only slaughtering in Dewsbury is of privately-owned pigs, which are inspected at the time of slaughter.

No. of visits made to slaughterhouses	...	...	...	43
No. of inspections of meat shops and meat stalls	...	...	...	431
No. of inspections of food preparers (meat)	...	...	...	174
No. of licences to slaughter animals under the Slaughter of Animals Act, 1933	...	...	...	2

The weight of meat condemned during the years was :—
Beef — 94½ lbs. Pork — 128½ lbs.

Other Foods

Number of visits to General Food Premises	...	...	...	810
„ „ Fried Fish Shops	...	...	...	213
„ „ Bakehouses	...	...	...	166
„ „ food preparers (other than meat)	...	...	...	249
				1438

Particulars of other food surrendered as unfit for food of man :—

TINNED FOOD—

Fish	...	...	158 tins
Fruit	...	...	702 „
Meat	...	...	714 „
Milk and Cream...	...	...	184 „
Preserves	...	...	31 „
Soup	...	...	214 „
Vegetables	...	...	895 „
Other Food	...	...	28 „

FRESH FOOD—

Pies	14
Fish Cakes	36
Chocolate Rolls	2
Jam and Cream Rolls	9
Cakes	15
Sponge Puddings	60
Fruit	51 jars
Rabbit	11 "
Preserves	16 "
Fruit Squash	1 "
Piccalilli	2 "
Chutney	1 "
Fish Paste	12 "
Health Salts	25 "
Grape Juice	28 "
Chicken	33 "
Cheese	10 boxes
Fruit	27 "
Fish	2 "
Fruit	66 lbs.
Cooked ham	144 "
Cheese	119 "
Tea	13 $\frac{1}{2}$ "
Biscuits	313 $\frac{1}{4}$ "
Bacon	67 $\frac{1}{4}$ "
Luncheon Meat	5 $\frac{1}{2}$ "
Dundee Cake	26 "
Sausage	118 $\frac{1}{2}$ "
Butter	21 $\frac{1}{2}$ "
Lard	6 $\frac{1}{2}$ "
Sugar	30 "
Fruit Paste Shapes	25 "
Barley	70 "
Vegetables	52 stones
Fruit	13 bottles
Vinegar	2 "
Sauce	65 "
Culinary Essence	84 "
Extract of Herbs	4 "
Ginger Wine Essence	18 "
Malt and Hops	3 "
Salad Cream	2 "
Rabbit	4 bags
Beetroot	62 "
Fruit	3 pkts.
Cheese	229 "
Cereals	21 "
Cake Mixture	152 "
Flour	159 "
Pudding Flour	38 "
Semolina	51 "
Macaroni	2 "
Oatmeal	2 "
Pudding Mixture	55 "
Ice Cream	132 "
Senna Lax	8 "
Ground Rice	2 "
Jelly Maker	1 "
Jelly	1 "

MILK SUPPLY.

No. of Distributors	...	...	...	...	139
„ Dairy Premises	...	...	...	...	22
„ Inspections of Milk Shops and Dairies	...	...	...	...	207

The number of licences under the **Milk (Special Designation) (Raw Milk) Regulations, 1949**, held at 31st December, 1952, were :—

Tuberculin Tested—

Dealers Licences	...	...	...	...	30
Dealers Supplementary Licences	...	...	...	...	9

The number of licences under the **Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949**, held at 31st December, 1952, were :—

Pasteurised—

Dealers (Pasteurisers) Licences	...	...	...	...	4
Dealers Licences	...	...	...	...	27
Dealers Supplementary Licences	...	...	...	...	9

Sterilised—

Dealers (Sterilisers) Licence	...	...	...	...	1
Dealers Licences	...	...	...	...	110
Dealers Supplementary Licences	...	...	...	...	4

Chemical Analysis.

The legal requirement for milk is a minimum content of 3.0% butter fat and 8.5% solids not fat. During the year under review 148 samples were taken of which 3 were reported by the Public Analyst as being adulterated. Warnings were given to the vendors concerned and followed up by further samples.

Month	Number of samples taken	Average Results.		Number adulterated
		Fat	Solids not fat	
January	14	3.97	8.66	—
February	21	3.94	8.60	—
March	12	3.69	8.46	—
April	5	3.59	8.45	—
June	16	3.78	8.70	—
July	13	3.57	8.44	1
August	6	3.58	8.55	—
September	10	3.95	8.52	—
November	48	4.26	8.76	1
December	3	2.90	8.70	1
Total	148	3.93	8.64	3

Percentage adulterated—2.02%.

Bacteriological Analysis.

Samples of milk are submitted to the County Laboratory at Wakefield as a matter of routine for examination. 294 samples were reported as being satisfactory after the prescribed test and 10 unsatisfactory.

The following table shows the type of examination carried out and the results; appropriate action was taken where unsatisfactory results were obtained.

Designation	Type of Test							
	Methylene Blue		Phosphatase		Turbidity		Biological B. Tuberculosis	
	S.	N.S.	S.	N.S.	S.	N.S.	S.	N.S.
Ordinary ...	8	3	—	—	—	—	17	2
Accredited ...	9	2	—	—	—	—	14	—
Sterilised ...	—	—	—	—	3	—	—	—
Tuberculin Tested	7	2	—	—	—	—	5	1
Pasteurised...	70	—	66	—	—	—	—	—
T.T. (Pasteurised)	48	—	47	—	—	—	—	—
Total ...	142	7	113	—	3	—	36	3

ICE CREAM.

Systematic sampling of ice cream was continued particularly during the summer months of the year. Samples were sent for both chemical and bacteriological examination and a total of 146 visits was made to ice cream premises.

Chemical Analysis.

The improvement in the food value of ice cream has been maintained as is clearly demonstrated in the following tables. It is good to be able to report that over the past two years some 92% of samples taken have had a fat content of over 5.0% as against only 31% in 1948. In 1952, 36 samples had fat contents ranging from 3.75% to 15.60%.

The results of analysis of samples taken during the past five years by this Department are shown in the following tables.

Fat Content	1948		1949		1950		1951		1952	
	No.	%	No.	%	No.	%	No.	%	No.	%
0.0% to 1.0%	1	0.6	—	—	—	—	—	—	—	—
1.0% to 2.0%	7	4.6	—	—	—	—	—	—	—	—
2.0% to 3.0%	24	15.7	8	5.3	1	1.5	—	—	—	—
3.0% to 4.0%	42	27.6	25	16.5	2	3.0	3	4.5	2	5.6
4.0% to 5.0%	31	20.1	31	20.2	11	16.5	2	3.0	1	2.8
5.0% and over	48	31.4	87	58.0	54	79.0	60	92.5	33	91.6
Total number of samples taken	153		151		68		65		36	

The Public Analyst reported on the samples taken during 1952 as follows :—

Month	No. of Samples	Satisfactory	Unsatisfactory
May	11	10	1
June	9	9	—
August	11	11	—
September	5	4	1
Total	36	34	2

Bacteriological Analysis.

There are six producers of ice cream with manufacturing premises within the Borough. Production is controlled by the Ice Cream (Heat Treatment, etc.) Regulations, 1947-1951.

Not only are these premises regularly inspected but samples are taken also from vendors manufacturing outside the district.

The grades given to samples of ice cream are based on the time taken to reduce Methylene Blue in the laboratory and are as follows :—

Time taken to reduce Methylene Blue.			
Grade 1	...	...	4½ hours or more
„ 2	...	...	2½ to 4 hours
„ 3	...	...	½ to 2 hours
„ 4	...	...	()

Judgment of bacteriological cleanliness is based on a series of samples—too much attention to any one given sample is useless for technical reasons. It has been suggested that over a six monthly period 50% of a vendor's samples should be Grade 1, 80% in Grades 1 and 2, not more than 20% in Grade 3 and none in Grade 4.

The Graded results of the samples with differentiation for ice cream manufactured in the Borough and outside, are as follows :—

Manufactured in Dewsbury—

Number of Premises 6.	Grade 1	Grade 2	Grade 3	Grade 4
Methylene Blue Test ...	15	5	9	7

Manufactured outside Dewsbury—

Number of Premises 12.				
Methylene Blue Test ...	25	3	2	—
Number of Samples— 66	40	8	11	7

Table showing a monthly analysis of ice cream samples :—

Month				Meth. Blue Test	
				Passed	Failed
May	...	...	19	11	8
June	...	...	9	8	1
July	...	...	9	4	5
August	...	...	21	11	10
September	...	...	5	3	2
October	...	...	3	3	—
Total				66	26

GENERAL SANITARY INSPECTION.

Analysis of Inspections.

The table which follows indicates the varied nature of the visits made by the Sanitary Inspectors under the heading of general sanitary administration.

Nature of Inspection.	Primary Insp'ns	Re-in- Inspections	Total Visits
Housing Conditions :			
Dwellhouse inspections—			
Under Public Health Acts	1652	5312	4964
„ Housing Acts (Miscellaneous)	55	20	75
„ Housing Acts (overcrowding)	23	17	40
„ Housing Acts (classification)	464	28	492
„ Housing Acts (Individual Unfit)	19	8	27
Re Accumulations	84	60	144
Re Cellars Flooding	85	309	394
Re Water Supply	29	46	75
Re Yards, Courts, &c.	32	45	77
Inspections for the M.O.H.	137	—	137
Visits to :			
Schools	39	8	47
Cinemas	77	46	123
Piggeries	113	33	146
Urinals	168	5	173
Street Gullies and Sewers	136	120	256
Markets	522	—	522
Stable Premises	34	2	36
Animals and Birds	76	16	92
Tents, Vans and Sheds	87	27	114
Refuse Tips	64	—	64
Miscellaneous	942	—	942
Interviews (Owners, etc.)	1486	—	1486
Visits for Water Sampling	19	—	19

Complaints.

Number and nature of complaints received and investigated :—

Dampness	19
Vermin— Rats and Mice	34
Bug infestation	17
Refuse Accommodation	39
Sanitary Accommodation :	
Water Closets	41
Cisterns	4
Water Closet drains	6
Overcrowding, ...	2
Water Supply :	
Defective pipes	1
Miscellaneous	3
Washing Accommodation :	
Sinks	30
Sink Waste Pipes	7
Set Pots	3
Drainage	38
Water in Cellar	23
Miscellaneous	72

General :

Fireplaces	...	...	...	...	...	...	...	...	7
Roofs	...	...	...	...	...	...	...	...	20
Chimneys	...	...	...	...	...	...	...	...	11
Plasterwork	...	...	...	...	...	...	...	...	12
Eavesgutters	...	...	...	...	...	...	...	...	7
Windows	...	...	...	...	...	...	...	...	1
Total									397

Nuisances.

Nuisances found	...	...	...	...	...	...	...	2002.
Nuisances remedied	...	...	...	...	...	...	...	1891

Action under Public Health Act, 1936.

Notices Served.		Notices Complied With.	
Formal.	Informal.	Formal.	Informal.
130	887	125	839

Action under Dewsbury Corporation Act, 1933 (S.20)

Notices Served.	Notices Complied With.
158	154

Housing Statistics.

- 1.—Inspections of Dwelling-houses during the Year :—
- (1) (a) Total number of dwelling-houses inspected for defects (under Public Health or Housing Acts) ... 1944
- (b) Number of inspections made for the purpose ... 5679
- (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... Nil.
- (b) Number of inspections made for the purpose ... Nil
- (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... 14
- (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... 1045
- 2.—Remedy of Defects during the Year without service of formal Notices :—
- Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ... 839
- 3.—Action under Statutory Powers during the Year :—
- (a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :
- (1) Number of dwelling-houses in respect of which notices were served requiring repairs ... Nil.
- (2) Number of dwelling-houses which were rendered fit after service of informal notices ... Nil.
- (b) Proceedings under Public Health Acts :
- (1) Number of dwelling-houses in respect of which notices were served requiring repairs ... 130
- (2) Number of dwelling-houses which were rendered fit after service of formal notices :—
- (a) By owners ... 94
- (b) By Local Authority in default of owners ... 31

(c) Proceedings under sections 11 and 13 of the Housing Act, 1936 :		
(1) Number of dwelling-houses in respect of which Demolition Orders were made	Nil.	
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	29	
(3) Number of Dwelling-houses for which undertakings were submitted and accepted by Council	14	
(4) Number of Dwelling-houses made fit on undertakings accepted by Council... ..	4	
(d) Proceedings under section 12 of the Housing Act, 1936 :		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil.	
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil.	
4.—Housing Act, 1936.—Overcrowding :—		
(a) (1) Number of dwellings-houses overcrowded at the end of the year	203	
(2) Number of families dwelling therein	208	
(3) Number of persons dwelling therein	1012	
(b) Number of new cases of overcrowding	25	
(c) (1) Number of cases of overcrowding relieved during the year... ..	58	
(2) Number of persons concerned in such cases	277	
(d) Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority has taken steps for the abatement of overcrowding	Nil	
(e) Temporary overcrowling Licences granted	Nil	

RODENT CONTROL.

Rats and Mice.

During the year 291 inspections, with 969 re-inspections were made of infested premises, and the necessary steps taken to clear the premises.

The organisation and methods used are those recommended and approved by the Ministry of Agriculture and Fisheries. Two part-time rodent operators are employed. In addition the Borough Engineer supplied the labour for the treatment of sewers.

Both business premises and private dwellings are dealt with and occupiers now willingly report infestations. A charge is made for the treatment of business premises and in no case was it necessary to take formal action under the Prevention of Damage by Pests Act, 1949.

During the year 1 comprehensive treatment was given to the Corporation sewers known to be infested, however slightly. 10% of the manholes in the remaining sewers were also tested.

SMOKE ABATEMENT.

Regular observations were made of smoke emission from industrial chimneys during 1952. Black smoke exceeding the legally permitted amount was recorded in 2 instances and it was necessary to serve notices. Recurring trouble from grit is still being experienced and necessitates constant vigilance.

In addition to regular observations of factory chimneys, four soot deposit gauges and one sulphur dioxide recording instrument are maintained in different parts of the Borough and provide useful information.

These gauges recorded an average monthly deposit of soot during the year of 18.23 tons per square mile, which was a welcome reduction on the 1951 average of 22.91 tons. Even so, this represents a daily deposit of 1 lb. of soot on a surface area of less than 9 yards square. These figures clearly demonstrate the importance of atmospheric pollution to the town-dweller; the inefficiency of the average solid fuel burning appliance and the need for constant attention to this aspect of public health.

No. of smoke observations taken	...	...	...	144
No. of inspections of boiler plants	...	...	...	73

ATMOSPHERIC POLLUTION 1952.

Estimation of sulphur by lead peroxide method.

OBSERVATIONS AT SAVILE TOWN.

				Mg. of SO ₃ /day collected by 100 sq. cm. of Batch A PbO ₂ (louvered cover)
January	...	...	...	3.42
February	...	...	...	4.25
March	...	...	...	2.32
April	...	...	...	2.04
May	...	...	...	1.72
June	...	...	...	1.40
July	...	...	...	1.22
August	...	...	...	0.96
September	...	...	...	1.24
October	...	...	...	1.52
November	...	...	...	1.78
December	...	...	...	3.07
Average for the year	...	...	...	2.08

Meteorological Report, 1952.

OBSERVATIONS AT CROW NEST PARK.

				Rainfall inches	Sunshine	
					Hours	Minutes
January	...	...	...	2.90	50	20
February	...	...	...	0.80	60	20
March	...	...	...	1.73	90	20
April	...	...	...	1.60	133	20
May	...	...	...	2.12	169	45
June	...	...	...	1.57	147	40
July	...	...	...	1.32	123	30
August	...	...	...	1.80	130	45
September	...	...	...	2.03	71	50
October	...	...	...	4.32	105	30
November	...	...	...	1.65	61	50
December	...	...	...	2.28	36	50
				24.12	1182	0

Atmospheric Pollution

Record of Observation with Deposit Gauges for the Year 1952.

Month	Gauge Situate at Dewsbury (Municipal Buildings)		Gauge Situate at Savile Town (Gas Works)		Gauge Situate at Whitley		Gauge Situate at Ravensthorpe	
	M.	E.	M.	E.	M.	E.	M.	E.
January	612	15.58	777	19.80	937	23.90	415	10.56
February	*	*	*	*	*	*	*	*
March	855	21.83	538	13.71	495	12.60	1034	25.96
April	517	13.17	513	13.06	358	9.12	802	20.42
May	*	*	584	14.88	537	13.69	1172	29.83
June	772	19.67	757	19.30	687	17.52	817	20.81
July	*	*	667	17.02	530	13.50	834	21.28
August	490	12.50	813	20.73	806	20.50	707	17.74
September	584	14.90	779	19.87	540	13.91	619	15.77
October	59	15.56	987	25.16	735	19.28	1330	33.92
November	671	17.09	*	*	480	12.59	461	11.76
December	879	22.43	995	25.36	683	17.95	989	25.02
Total Deposit	5,439	152.73	7,410	188.89	6,788	174.56	9,180	233.05
Average per month	604	16.97	741	18.89	617	15.87	834	21.19
Average for all gauges 18.23 tons of soot deposited per square mile.								

M.—Metric tons of soot deposited per 100 sq. kilometres.

E.—English tons of soot deposited per sq. mile.

* Analysis not carried out.

Rag Flock.

The Rag Flock and Other Filling Materials Act, 1951, requires the licensing of premises where filling materials are manufactured for use in upholstered articles or other articles which are stuffed or lined.

Four licences were issued for premises in the Borough and one registration is in force under this Act.

10 formal samples were obtained and submitted to the Prescribed Analyst. All samples were reported genuine and complied with the requirements of the Regulations. The individual results were as follows :—

Rag Flock.

Sample No.	Chlorine as soluble impurities in parts per 100,000	Oil and Soap	Soluble Impurities (average)
3	9	1.9%	1.0%
4	15	2.1%	1.5%
6	4	1.4%	1.5%
7	9	1.9%	0.8%
8	5	2.0%	1.2%
12	4	2.2%	0.4%

Feathers and Down.

Sample No.	Total Impurities (average)
5	0.9%
10	1.5%
11	0.6%

Hair Fibre Mixture.

Sample No.	Total Impurities (average)
9	1.2%

Fertilisers and Feeding Stuffs.

6 samples of Fertilisers and 3 samples of Feeding Stuffs were taken.

Pharmacy and Poisons Act.

72 visits were made to premises which were registered as Listed Sellers under Part II of this Act. There were only minor contraventions of this Act which were put right by informal action.

Vermin.

The eradication of vermin from infested premises is carried out with liquid or powder insecticides. These modern insecticides have a residual and quick knock-down effect, which has helped considerably towards an efficient service.

The work of eradicating the bed-bug has shown marked progress and it is heartening to have the greater co-operation of tenants ; nor do flea infestations, long associated with the rag trade, show the same incidence.

Unfortunately there are still the problem families, and it was necessary to take legal proceedings in one instance of a filthy dwelling-house. A conviction and fine at the local police court followed and this Department carried out the necessary cleansing.

22 houses, 34 rooms and 18,540 articles of bedding, clothing, furniture, etc., were disinfested during the year by this Department.

The Department also gives a service to local manufacturers who require certificates of disinfection in connection with their export trade, and appropriate charges are made for this work.

Infectious Diseases.

No. of visits to investigate cases of infectious disease	106
No. of visits to investigate cases of food poisoning	4
No. of visits re infectious disease contacts	10
No. of houses disinfested after cases of infectious disease	116
No. of rooms " " " " " "	165
No. of articles " " " " " "	13,907
No. of library books " " " " "	39

In all cases the bedding is collected by the staff of the Department, and steam disinfested.

Refuse Accommodation.

767 inspections were made, 5 ashpits closed and 155 dustbins were renewed or provided in lieu of ashpits following action by this Department.

The power to deal with dustbins is given to Local Authorities by Section 75 of the Public Health Act, 1936. Notices under this section have been challenged in the Courts in many districts and these appeals are an indication of the present unsatisfactory legal position. However, only one appeal was made in Dewsbury against a notice requiring the provision of a dustbin by an owner. This appeal was heard at the police court, then at Quarter Sessions and in both courts the notice of the Council was upheld, the appeal lost and costs awarded against the owner.

Factories Act, 1937.

No. of inspections (Mechanical Power) 	175
No. of re-inspections (Mechanical Power)	113
No. of inspections (No Mechanical Power) 	91
No. of re-inspections (No Mechanical Power)	35
No. of inspections (Outworkers) 	9

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Secs. 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	71	126	—	—
(ii) Factories not included in (i) to which section 7 applies:				
(a) Subject to the Local Authorities (Transfer of Enforcement) Order, 1938	303	288	13	—
(b) Others	—	—	—	—
Total	374	414	13	—

Cases in which DEFECTS were found :

Particulars	No. of cases defects found				No. of Prose- cutions
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness ...	3	6	—	4	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences :					
(a) Insufficient ...	2	4	—	2	—
(b) Unsuitable or defective ...	24	40	—	6	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	4	—	4	—
Total	29	54	—	16	—

Number of outworkers ... 9

Sanitary Accommodation.

Action was taken during the year to secure the conversion of trough and privy closets where possible into washdown water closets. In the majority of cases work was either completed or in hand at the end of the year. Whilst the absence of sewers prevents the conversion of certain isolated privies, the practical advice given by this Department in the construction of septic tanks and filters has resulted in several small sewage disposal plants being installed over the past few years.

Inspections :

W.C. accommodation	...	...	...	...	...	...	1219
Privies, pails, troughs and W.W.C's.	...	...	...	...	...	...	930
Conversions :							
Pails and privies to W.C's.	...	...	...	...	...	...	15
Troughs to W.C's.	...	...	...	...	...	...	50
W.W.C's. to W.C's.	...	...	...	...	...	...	6

Drainage.

This Department is responsible for the supervision and testing of all drainage work, whether this be in connection with new buildings or alterations at existing buildings. Plans of all proposed drainage work are submitted to the Department for consideration before approval.

There was one unusual case of gas penetrating into houses and other buildings over a fairly large area which caused considerable anxiety. The source of the trouble was difficult to find and a good deal of work was done by the Borough Engineer's Department in co-operation with this Department, who also called in the North-Eastern Gas Board. Investigations were finally successful and a fracture was located in a 4 ins. gas main at a point where it passed through a sewer. This sewer was being charged with coal gas, which was passed along all the connecting house drainage systems. I am pleased to report that grave consequences were averted by the timely ventilation of the drainage and sewage systems concerned and the constant checks and investigations which were made by this Department and the Gas Board. Adequate precautions against a recurrence have been taken and it is extremely unlikely that trouble, so difficult to trace, will be met with again.

Drain Tests :

Total Length of drains tested by smoke—

4 ins. drains	...	...	...	...	...	...	20,567 feet
6 ins. drains	...	...	...	...	...	...	5,942 feet
9 ins. drains	...	...	...	...	...	...	801 feet
12 ins. drains	...	...	...	...	...	...	118 feet

No. of drains tested and inspected—

Inspections of drainage	...	...	...	...	...	...	692
Smoke tests—new drains	...	...	...	...	...	...	473
Smoke tests—existing drains	...	...	...	...	...	...	56
Colour tests	...	...	...	...	...	...	135
Chemical tests	...	...	...	...	...	...	6
Other tests	...	...	...	...	...	...	12
Drains reconstructed	...	...	...	...	...	...	27

Shops Acts, 1912-38.

No. of Inspections of Shops	...	...	...	...	...	...	247
„ Re-Inspections of Shops	...	...	...	...	...	...	68
„ Shops entered on Register (31st Dec., 1952)	...	...	...	...	...	...	648

Merchandise Marks Act, 1926.

370 visits were made by the Sanitary Inspectors for the purposes of the Act, minor contraventions were put right by informal action.



